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## Original Communications.

### TRANSLATION FROM THE "PROGRES MEDICAL."

BY C. W. COVERNTON, M.D., M.R.C.S., E., TORONTO.

Cylindrical Epithelioma of Sigmoid flexure of Colon having produced symptoms of strangulation—Laparotomy—Study of differential diagnosis between cancer of intestine and volvulus—(Reported by M. M. E. Barié).

A patient named Louis St. Anen, a plumber, entered the Necker Hospital clinical ward of Professor Potain the 20th of November, 1879; he had never previous to present attack suffered from ailment; complains of obstinate constipation of twenty five days duration; complete absence of stools, no flatus from anus. Some days previously to the occurrence of this constipation, the patient suffered slightly from colicky pains, the sensation of intestinal movement, and experienced some difficulty in defecating; in these efforts he passed a certain quantity of black blood from anus, but this had happened often to him, as for ten years he had painful but small-sized hemorrhoids. For the first eight days following the absolute cessation of stools the patient was enabled to work, but the abdominal pains, the increasing swelling of the abdomen, quickly forced him to abandon all work. It was then he had recourse to different remedies advised by his medical attendant; repeated purgatives, drastics, croton oil, large injections, &c., &c., all without result; since the last two days the patient experienced nausea, occasionally vomiting, but seldom, and trifling in quantity. The vomited matters have a fecal odour. At his entrance into the clinical ward we found the patient in the following condition:—General condition excellent, not the least cachectic or even suffering appearance, the abdomen nevertheless is much swollen, and gives to percussion a general tympanitic sound; on observing it more attentively we can recognize that the abdomen is slightly flattened in the right

flank, whilst the left side, median region supra and sub-umbilical presents a notable projection. Palpation is negative. The patient complains of frequent colics, the direction of which he describes exactly; they have their point of departure in the left iliac fossa, extend over the whole abdomen to a level with the epigastrium, the intestinal folds are not traceable in abdominal wall, but it is easy to hear frequent sonorous borborygmi. The urinary functions are accomplished without difficulty, the urine is clear and contains neither sugar nor albumen. Other than the intestinal symptoms, there are no pathological phenomena to be observed in the patient save a little emphysema and a certain degree of arterial atheroma consequent on age; axillary temperature 37.2 cent.; pulse 72. It was easy from this grouping of symptoms to arrive at a diagnosis. Intestinal obstruction, but remaining to discover the nature and seat of the obstacle which interfered with the free course of contents of intestines.

(a) Relatively to the nature of the obstacle, it was easy to eliminate hernial strangulation, the same with stercoraceous obstruction, the repeated administration of purgatives having produced no remission of symptoms, relying on the fact that the phenomena of strangulation had slowly supervened and in a progressive manner, it was possible to suppose that the obstacle was formed by some intestinal compression caused by a tumor in the abdomen, but the most minute exploration gave only negative information, and besides the complete absence of all pathological antecedent authorized a rejection of this hypothesis; in a like way obstruction by invagination was not admissible from the absence of the tumor named knot (*boudin*) of invagination, and on the other hand there were not found in this patient constituent parts of sero-purulent or hemorrhagic fluid, containing occasionally in suspension the debris of sphacelated intestine, and which are the characteristics of invaginated intestines when it has existed a certain time. There remained then the hypothesis of abdominal cancer which might occasion in time the symptoms of internal strangulation. But if our patient was by his age in the conditions suitable for the development of cancerous diathesis, his general flourishing condition appeared to contradict the possibility of the existence of cancer, or at least to admit it only with the most extreme reserve. But still another



affection might explain the symptoms presented by our patient. I mean volvulus or strangulation by torsion. Without doubt it is usually quickly and rapidly that volvulus is formed, for example after a copious repast or under the influence of violent movements during the process of digestion; but it is not always so, and in the same way as cancer of the intestines, volvulus may under certain circumstances, present a very slow evolution and accomplish strangulation only at the end of several months. Thus after the most careful examination, after having, so to speak, weighed each hypothesis that could be entertained in a similar case, the diagnosis remained doubtful between cancer of the intestines or volvulus.

(b) The difficulty was not less to discover the seat whether of cancer or volvulus. The very slight difficulty in urinating and the infrequent and scanty vomiting, but unmistakably fæcaloid, permitted the supposition that the obstacle occupied a point sufficiently low down in the intestinal tube, hypothesis made stronger by the distant commencement and slow march of the symptoms. If a volvulus existed, we know that this affection usually is to be found in the large intestine and particularly at the sigmoid flexure: every thing then appears to demonstrate that the arrest is situated in the last portions of the intestine, nevertheless higher than the rectum since digital touch shows the perfect integrity of the walls and of the calibre of this intestine. Wherever it existed, it was necessary to attempt rapidly to overcome the obstacle by treatment usually employed in similar cases, futile it is true for saving the patient if it is cancer we have to deal with, but which may in certain cases succeed in the unfolding of the intestine if the case is one of volvulus. Large injections of simple water, then of gaseous water, were administered to the patient, using an ordinary syringe, the nozzle of which was solidly fixed to a large india-rubber tube passed up the rectum as high as possible. The quantity of liquids thus introduced were the following, 21st November, morning 2,400 grammes, evening 2,400; 22nd November, morning and evening (each) 2,000 grammes. To this treatment the employment of drastics was joined, then of infusion of coffee, finally electric current, one pole applied to the rectum and the other to the abdominal wall. This procedure resulted in active contraction of the intestines, accompanied

with painful colic. The result was nil, the patient passing neither wind nor fæcal matter from anus. 22nd of November, condition of patient being aggravated, slight vomiting, pulse small, slight cyanosis of extremities and face which was pinched, voice weak, eyes sunken, and bordered with a dark circle, intelligence intact. In view of the want of success of medical treatment, a surgical operation was judged necessary, and Professor Guyon, who examined the patient, with Professor Potain, performed laparotomy on the 23rd of November; at that time twenty-eight days had elapsed since the patient had passed anything by rectum. After emptying the bladder an incision was made in the anterior abdominal wall on a level with the linea alba. The abdomen opened, M. Guyon explored alternately the iliac fossa and the periumbilical region; in the left iliac fossa, after having introduced a bougie into the rectum, he discovered the presence of an induration surrounding a portion of the intestine which was recognized after being drawn out as being the union of the sigmoid flexure with the rectum. The intestine thus drawn out of the abdomen appeared strangled externally by a little circular bridle of about 0,003 thickness, very adherent to the serous covering which it surrounded completely, in the form of a collar; after this circular bridle had been cut by a bistoury it was apparent that the intestine remained sunken, and palpation between two fingers denoted the existence of an indurated layer occupying the wall of the intestine, and making a projection into the mucous membrane as ulterior examination demonstrated. M. Guyon adopted the course of removing the portion of intestine thus altered, and of uniting the two ends by points of suture. The portion of the sigmoid thus removed between the two ligatures was 0,06 centimetres in length. The thickness of the wall 0,003 millimetres. The mucous membrane is reddish, congested without ulceration or ecchymotic deposits: it presents towards the middle of the removed part a notable thickness, formed by a reddish mass, a little soft and granular, which diminishes the calibre of the intestine to the extent of only allowing the introduction of the point of the index finger. This mass, as microscopic examination has demonstrated, presents the changes of cylindrical epithelioma. The two ends of the intestine were brought together by fifteen points of suture, and the course of pas-



sages through the bowels was thus re-established, as the patient immediately filled nearly two chambers with soft and liquid motion. The dressings were according to the method of Lister. The patient died at a quarter past 3.

*Autopsy.*—The different viscera were normal. The only observable lesions had their seat in the abdominal cavity. The small intestine very distended, congested, its surface roughened and slightly granular. The colon presented no notable dilatation, the transverse colon in its normal position, the ascending colon in contact with the abdominal wall; the descending colon on the contrary is separated from it by folds of the small intestine. In the pelvis a little sero-sanguinolent fluid mixed with a small quantity of faecal matter. The suture of the intestine has been made on a level with the union of sigmoid and rectum.

Microscopic examination of part removed displays cylindrical epithelioma. The glands healthy.

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*Abridged report of discussion of this case at the Anatomical Society. President M. Charcot.*

M. Després—The study of these cases of internal strangulation, from cancerous lesions of the intestine is very instructive. They show us that up to the last day the diagnosis is uncertain, hence the extreme embarrassment of surgeons when physicians having exhausted ordinary therapeutic treatment, make an appeal for their aid. There is occasion to revise entirely the symptomatology of internal strangulation following the causes that have produced them. For my part I am convinced that the absence of faecal vomiting or non-faecaloid character of them has a great semeiological value, their absence being in favour of cancer; when the strangulation is caused by peritoneal bridges the vomitings are faecaloid.

M. Du Castel—M. Després thinks that early occurrence of faecal vomiting may in a case of intestinal obstruction, allow the establishing in a modified way of diagnosis between true strangulation and other different kinds of obstruction. It is possible that a rapid occurrence of vomiting may serve for a differential diagnosis of acute strangulations; but I think it is impossible to rely on this symptom for the diagnosing of strangulations of slow evolution, such as cancer and volvulus. Volvulus, like cancer, more perhaps than it, is an affection of long evolution, it takes months, years to arrive at stran-

gulation, often in one as in the other it is preceded by crises of constipation, followed by down-breakings: for all these reasons all these affections are frequently confounded. When volvulus has occurred the portion of intestine comprised in the torsion is formed ordinarily by the sigmoid flexure considerably distended, and having acquired a diameter four or five times larger than in the normal state. This fold thus distended, places itself in front of the intestinal mass, it occupies the hypochondria and flanks; the hypogastric and epigastric cover, the colon and small intestine, form a new foreground interposed between the abdominal wall and the remainder of the intestines. This new disposition of the intestine frequently misleads fatally the surgeon who practises enterotomy by the anterior part of the abdomen, into opening the fold so immoderately dilated: he only empties this fold occasionally filled with a considerable quantity of alvine, and he obtains neither the re-establishment of the course of faecal matters nor the unrolling of the volvulus. Enterotomy practised by the posterior part of the abdominal cavity can alone, in the majority of cases, permit the reach of the colon and the emptying of the intestine; but it is at least doubtful whether it will bring about the unrolling of the folded intestine. It is this well-established opinion of the habitual inutility of enterotomy in the treatment of volvulus which has made Professor Potain adopt gastrotomy, a more serious operation certainly, but which in the case of intestinal torsion permits the unrolling of the intestine.

M. Barié—With M. Després, I believe it is necessary to revise the symptomatic study of internal strangulation, over which rests the greatest uncertainty both as to causes and seat. The cachectic condition of a patient is given as one of the best signs in favour of a cancerous obstruction, nevertheless how many exceptions do we find to this, the present case a fresh one. Recently at the Necker clinic we have observed two cases of internal strangulation in old men: in the first the commencement of the symptoms extended back nine days, in the second to five days. Both were in a cachectic condition so that the diagnosis of carcinoma of the intestine was considered as the most propable. Autopsy revealed in the first case volvulus, of the sigmoid flexure variety, rectum in front, in the other strangulation by a peritoneal

bridle on a level with the last portion of the small intestines. In support of the opinion just given by M. Després, that when strangulation is caused by peritoneal bridges the vomiting is of a fecaloid nature, both of these patients vomited matters sometimes bilious at others fecal.

M. Du Castel mentioned a case of a young woman who died recently in M. Potain's wards of typhoid fever, where the sigmoid flexure was twisted on itself; instead of descending directly into the small pelvis, as in the normal state, it turned on a pivot forming a large circle placed above the pubis and extending from one iliac fossa to the other. Here then was a volvulus of the first degree, not giving place to any symptoms of strangulation, and of a different type from the first, as the rectum was behind the fold of entanglement.

### OPTICO-CILIARY NEURECTOMY.

BY L. L. PALMER, M.D., C.M., SURGEON, EYE, EAR,  
AND THROAT, TORONTO.

As this operation is the *proper thing* in the *fashionable* surgical circles, its present status of development may be of interest. In your March number you copy from a Virginia Journal an item in which Dr. Chisholm "*proposes* to substitute neurotomy for enucleation in those cases where a diseased and irritable eye endangers sympathetic ophthalmia, and having performed it seven times he can confidently recommend it to the profession. I presume Dr. C. desires to make his article as short as possible, and therefore neglects to refer to Scriver, Rondeau, Schweigger and others whose names are so intimately associated with the early history of the operation.

The great danger of sympathetic ophthalmia in such a large number of cases of disease and injury of one eye has justified, in the opinion of some, the immediate enucleation of a useless eye, injured by and containing a foreign body, and it has become a law in ophthalmic surgery, that the presence of any irritation in a previously healthy eye, indicates the immediate enucleation of its fellow whose usefulness is destroyed either by injury or disease. If this danger can be averted by any substitute for enucleation, that will preserve an eye that is perhaps normal in its cosmetic effects, though no more useful than an artificial one, it

would be hailed as a great boon to the afflicted, and therefore also to the profession. Indeed Schweigger and Schöeller have asserted in their enthusiasm, that optico-ciliary neurectomy will eventually replace enucleation in all cases except malignant growths, but the report that comes to us from almost every quarter of unfavorable results, of reunion of the severed nerves with return of sensitiveness of cornea, tenderness and pain in the ciliary region, sloughing of cornea, even suppuration and destruction of the globe, will certainly tend to restrict the indications for the operation and perhaps, when strengthened by the experience of the near future, to abolish it as unsafe in those cases where sympathetic ophthalmia has already become manifest.

I had the pleasure during a short stay in Berlin, of seeing Schweigger perform the operation twice, and as he is one of its most enthusiastic advocates and an authority in ophthalmic surgery, I will give his method briefly as I saw it.

The conjunctiva is divided vertically over the internal rectus, to a sufficient extent to allow the globe when turned to expose its whole posterior surface, two sutures are passed through the tendon so as to secure it, the tendon is then divided between the suture and its insertion and all attachments to the sclerotic severed. With curved scissors plunged in behind the globe the optic and contiguous ciliary nerves are severed as in one step in enucleation. By means of a hook inserted into the sclerotic on the inner side and as far back as possible the eye is rolled outward, exposing the whole of its posterior surface which is now clearly denuded of the stump of optic nerve, about a quarter of an inch, and all remains of the ciliary nerves, shaving them close to the ball, the eye is rolled back and the rectus attached to its severed extremity by means of the tentative sutures.

Schweigger attaches importance to the exsection of a portion of the optic nerve as it effectually prevents its reunion; but as it is now generally believed that the optic nerve bears no share in transmitting the morbid influence to the sound eye, the good effect must lie in such an exsection of the ciliary nerves as to effectually prevent their reunion, but in this we unfortunately have as yet no guarantee, and therefore no guarantee that optico-ciliary neurectomy will effectually and permanently prevent the development of sympathetic ophthal-



nia. That severed nerves in other parts of the body, even where a portion has been excised, will reunite, there can be no doubt, and that this may be the result of some of these severed ciliary nerves we have reason to fear, and that in this unprotected state, at an unguarded moment, sympathetic ophthalmia may commit its ravages. We should not omit to notice another possible danger in those cases where the cornea remains intact. We know that, in complete and incurable paralysis of the fifth pair, neuro-paralytic keratitis is almost certain to arise, it may not be for a year or two, or three or even four, and in so many of these cases ulceration of the cornea, usually uncontrollable and destructive in character, takes place, that, reasoning from analogy, we have much to fear that after optico-ciliary neurectomy, perhaps after some years, we may have a similar picture.

### PUERPERAL CONVULSIONS.

BY K. N. FENWICK, M.A., M.D., M.R.C.S., ENG.,  
KINGSTON, ONT.

As there is still some doubt regarding the proper treatment of puerperal convulsions, the following case, from its successful termination as regards both mother and child, may be of interest. Some authorities still advise venesection and chloral with a general expectant treatment, while others with more favorable results advise immediate removal of the uterine contents, with the use of chloroform to allay the convulsions while this is being done.

Mrs. L. æt. 21; primipara; dressmaker; had always enjoyed good health, and until a few weeks before delivery had been very well with the exception of occasional attacks of facial neuralgia. During the last few weeks of her pregnancy she had swelling of the face and feet. On the afternoon of the 10th September, 1879, she complained of very severe headache of a different character from her former neuralgia, accompanied by a slight diarrhoea. I was first called to see her upon the same day about 9.30 p.m. when she had a convulsion. She had slight regular pains in the back, and on examining the os, found it hardly dilated enough to admit the index finger, the head presenting in a roomy pelvis. I made her inhale chloroform with the effect of arresting the convulsions, and then gave pot. brom. grs. xv. every hour with the effect of warding off the attacks until 5 a.m.

As the convulsions now returned with greater frequency, the os still undilated any more than on my first examination, and the patient becoming comatose, on consultation with Dr. Lavell, decided to deliver at once. I then directed a stream of hot water against the os by means of a ball syringe, and began to forcibly dilate the os with the fingers, repeating the hot water injections, and carefully dilating the os until in less than half an hour it was fully open. I then ruptured the membranes, gave a dose of ergot, drew off a few ounces of highly albuminous urine, applied the forceps and delivered a healthy living child. Chloroform was administered during the forcible dilatation and application of forceps with the effect of modifying, though not preventing the convulsions. The uterus contracted well and no hemorrhage occurred. She had two convulsions after delivery, but they were slight, were at once checked by chloroform and never returned. Gave chloral grs. xxx. by rectum every four hours.

At 9 p.m. temp. was 100° F. Though insensible, she took beef tea from a spoon with avidity. I then gave a diuretic mixture of acetate of potash, digitalis, and broom. Sensibility slowly and gradually returned, until on the 13th she asked to see some of the family. From this time her recovery was rapid, and to-day (June 8th, 1880,) both mother and child are in perfect health.

The interesting point about the case was the rapidity with which the os uteri became dilated under the influence of the hot water injections, and digital manipulation. Some authorities, such as Leishman, are averse to forcible dilatation during puerperal convulsions, on the ground that it increases the attacks, but there can be little doubt, from the duration of the comatose symptoms that an expectant treatment in this case would have ended fatally.

### Correspondence.

To the Editor of the CANADA LANCET.

SIR,—Being an enquirer into the action and uses of electricity in therapeutics, I was pleased to notice an article relating to that subject, by Dr. Rosebrugh, in the July number of the LANCET. Fully concurring with the author in regard to the importance of this subject, I carefully read over

the entire paper on these promised "principles of electro-physics," etc., but must acknowledge that I was disappointed.

I thought to find information on the "principles of construction, and management of batteries" of practical value, and especially to find the article dealing with the therapeutic aspect of the question. I expected the writer would treat of the action and uses of the different currents, and when and how they should be applied—some general principles, and the reason why; but I fail to find anything bearing on this point. The whole article gives one the idea that it is such as a manufacturer rather than a physician, might put forth.

If the Dr. will be kind enough to give the profession, in another paper, the substance of those principles of which he speaks, embodying some germs of thought, if not original at least practical; if not principles, results of experience, we shall all be much edified, and gratefully acknowledge his services.

Yours, etc.,

ENQUIRER.

## ELECTRICITY IN MEDICINE.

To the Editor of the CANADA LANCET.

SIR—Some of my professional friends wish my opinion of the value of electricity as a remedial agent.

After a most extensive practice of over forty years, ten of which I was Medical Superintendent of an asylum for the Insane, I am fully of the opinion that in cases of paralysis not dependent on degeneration of cerebral structure, we possess as powerful a means of combatting the disease in electricity as we do in quinine in combatting intermittent fever; and in cases of paralysis arising from spinal disease, if in the ensuing deformity, the spine retains its curvature, electricity often proves a valuable agent even after abscesses are formed. When actively engaged at the Asylum, from being so much on my feet, and so frequently running up and down the long flights of stairs, I was troubled with internal hemorrhoids, one of which was clipped off by Dr. Sullivan and subsequently two by Dr. Fowler, the wounds did not heal but resulted in most violent and obstinate prurigo ani, which resisted every form of treatment employed. Galvanism was then had recourse to successfully. An

insulated rectal electrode was used internally, and an ordinary electrode was applied to the perineum externally; the seances usually lasted ten minutes. Six cells of a Bartlett battery were used, and three weeks of this treatment proved successful in relieving me of the intolerable itching.

I will conclude this paper with a short account of another personal experience. Overtaxing my brain in discharge of my duties brought on congestion of that organ, which first showed itself by partial paralysis of the left hand and forearm. Persisting in attending to my duties I was seized with aphasia and blindness. I now supposed that some blood-vessel in the brain had ruptured, but as the power of articulating returned in about twenty minutes, I knew that a rupture could not have occurred or absorption could not have taken place so rapidly, and supposed that the difficulty was owing to congestion which Dr. Fowler diagnosed. Obeying the advice of my medical attendants I now resigned the superintendency of the Asylum. My general health has very much improved, but the defect of vision still continuing Dr. Rosebrugh examined my eyes with the ophthalmoscope and found that whatever congestion might have been about the retina has now been totally removed, and recommended the use of galvanism in the following manner: one electrode was placed over the closed eyelid, and the other to the nape of the neck; two cells of the battery were used first and afterwards gradually increased to six at each seance. These seances usually lasted ten minutes each, and at the end of three weeks have produced a most marvellous improvement in my vision.

I have used electricity very frequently for the last ten years—during which time I have had personal experience in the use of all the instruments manufactured by the Galvano-Faradic Manufacturing Company of New York—and can say that I have the greatest confidence in it as a remedial agent when in the hands of qualified persons.

Yours faithfully,

JOHN R. DICKSON.

Kingston, July 21st, 1880.

To the Editor of the CANADA LANCET.

SIR:—In the last month's issue of the Lancet I notice a letter signed "Country Practitioner" which is certainly unique, especially when coming from



the pen of a supposed educated, high toned and honorable profession. The writer is evidently a strong sympathiser with Dr. Freeman, as his reference to the treatment his friend suffered at the hands of the Hamilton profession shows. I had the pleasure of hearing both the candidates at Hamilton, and though I went somewhat prejudiced against Dr. Macdonald, I had no hesitation after hearing them speak which was best fitted to represent us, and I am glad to know that the profession responded to that feeling by electing Dr. Macdonald. He refers to the impecunious condition of the profession in Hamilton, but I venture to say he can find abundant evidence of impecuniosity among his rural *confreres*. I am a country practitioner also, living within easy distance of Hamilton, and I never suffered from the "ignoble acts of those who crowd into cities already overcrowded, and who are forced to contemptible practices to gain even a wretched living." But I am cognizant of a good many ignoble acts among my rural brethren, whom C. P. would lead us to believe soar in a higher altitude of medical ethics than those "city parasites" "who rush into the country and go six or seven miles for \$1.50." I might point him to country practitioners that will go farther than that, for less money, and not hesitate either to "steal an interesting case" on the way by "making domiciliary visits on the sly." In fact the competition is becoming so great in the country, that medical fees are now in many cases below the level of common cab fare, and the social status of the profession on a level with the lightning rod pedlar and general drummer. It is no uncommon thing to find two or three doctors in a little village of two hundred inhabitants, each one at dagger's point with the other, and plying all the cunning arts to injure the reputation of his hated rivals, and ingratiate himself with an ignorant, credulous, and gullible public.

Is it any wonder the profession has lost the respect it once enjoyed when we consider its present relationship to the public? The old adage says, "familiarity breeds contempt," and is it not a common thing to hear medical men delivering the most absurd clinical bosh to their patients, describing minutely the nature and treatment of their diseases, the kind of medicine they are using, the number of patients they have and who they are, boasting of their skill in treating this, that, and the

other disease, the number of nights they have been without sleep, and the number of horses they have run down, &c. &c., *ad nauseam*.

The above is not written for the purpose of defending the Hamilton profession; they are quite competent to do that for themselves, but to remind C. P. that before he launches his thunderbolts of wrath upon them, he had better enquire whether there is not a wide field for reform among his rural *confreres*, whom, on close enquiry he may find guilty of worse offences, than even the much hated and despised Hamilton medicos.

Yours truly,

COUNTRY PRACTITIONER No. 2.

Aug. 13th, 1880.

### Selected Articles.

#### ABSTRACT OF PAPERS READ AT THE AMERICAN MEDICAL ASSOCIATION.

(Continued from page 366.)

##### CHRYSOPHANIC ACID IN THE TREATMENT OF SKIN DISEASES.

Dr. R. W. Taylor, of New York, read a paper on this subject. Chrysophanic acid is derived from the Goa powder, and it is as much a cure for some skin diseases as quinine is for malaria. The strength of the ointment should be about gr. x to  $\frac{3}{4}$  i. of simple ointment. The strength may be rarely increased to  $\frac{3}{4}$  i. to  $\frac{3}{4}$  i. The acid is useful in chronic or subacute skin affections, where there is a superficial infiltration, and in certain scaly diseases. It will not do when the infiltration is deep. Its dangers are, its staining and its irritant properties. It would be good in indurated acne, but for its staining the skin; caution should be used in applying the ointment to the face. In eczema it is useful, but should be combined with oil of cade or some other tarry oil. Two cases of obstinate syphilis had been cured by the acid. Ring-worm of the body can also be cured by it.

Lichen, papular and scaling syphilides are also relieved by the same remedy. In psoriasis, however, the acid has achieved its greatest results. The speaker endorsed the high praise that had been given it for its usefulness in this disease.

##### LOCAL TREATMENT OF PULMONARY CAVITIES.

A paper was read by Dr. Wm. Pepper, of Philadelphia on the above subject.

The chief indications for the treatment of pulmonary cavities are, cleansing, disinfection, and modifying the walls of the cavity. The use of inhalations, sprays, and direct injections has been

employed, but, as regards the first two measures, without much success. There is one form of inhalation by which some good may be accomplished. This is by the continuous inhalation of medicated vapor. An instrument for doing this was shown by the speaker. It consisted of a kind of mask, attached to which is a small box containing sponge on which the medicated fluid is poured. This is tied over the mouth. The best medicines are carbolic acid, iodine, thymol, etc. With an instrument of this kind the bad breath due to putrid cavities, or bronchiectases, can be corrected, and probably good can be done in cases of chronic bronchitis. It was not likely, however, that much could be done in pulmonary cavities by continual inhalation. The speaker, therefore, called attention to the value of direct injections into the lung cavities.

A number of cases were reported showing the value of this procedure. Lugol's solution, in the proportion of from Mx., Mxv. or ʒi. to ʒi. of water was used. In one case related the injections were given forty-eight times in fourteen months. The patient improved, and when he died some time afterward, from Bright's disease, the cavity was found to have been obliterated. Seventeen other cases were related or referred to, in which similar treatment was pursued, 291 injections having been made. Autopsies on some of the cases showed that contraction of the cavities was induced by the injections. Injections into caseous consolidation of the lung, in very bad cases, gave negative results. The syringe used was like an ordinary hypodermic syringe, but had a larger barrel and longer needle. Lugol's solution and carbolic acid were the only agents suggested. The skin should be first chilled with ice; the injections should be mild at first. There is no danger in such injections, cough and pain being the only symptoms excited.

#### ON RESTORATIVE REMEDIES.

This was the subject of a paper by Dr. Uhler, of Baltimore.

The speaker described a very simple method of determining the amount of nitrogen (and urea) in urine. It consists of taking two bottles one of which just fits into the other. The smaller bottle is attached by a wire to the cork of the larger one. Into the small bottle is placed urine; in the larger a mixture of liquor sodæ chlorinat., and common salt. The two bottles, one within the other, are first carefully weighed; they are then shaken and their contents mixed together. A decomposition follows, which results in the evolution of nitrogen. This gas is allowed to pass off, and the bottles with their contents are again weighed. The difference between the first weight and the second shows the weight of the nitrogen, from which may be calculated the weight of the urea.

Dr. Uhler then passed to the subject of foods, and referred to the recent experiments of Dr. Roberts, on the digestive ferments, in which he had stated that milk and oysters were the only two foods that should not be eaten cooked. The oyster, he said, was a food which digested itself when taken raw. The speaker showed a specimen of cod-liver oil, mixed with cheese, which quite effectually disguised its taste. The pungency of the cheese also aided the digestion of the oil. Specimens of cod-liver oil mixed with bread, were also shown. The process of the manufacture of extract of malt was described and its value endorsed. Dr. Uhler had proved by several experiments that it changed starch into glucose. Preparations of pepsine had been tested by the speaker to see how great their value really is. Microscopic examinations showed that the various specimens in the market differed greatly in value. The fresh varieties are the best by far, and many of the others are unreliable.

Dr. Uhler had devised a new process by which he hoped the pepsine could be kept active in powder form. He covered the fresh moist stomach over with gypsum. When this hardened, he pulled it off and ground up the saturated plaster. This he had found was very active, and kept very well. In conclusion, the uses of iron and digitalis were described. A description of the theory of the action of the heart, and of digitalis upon it was given and illustrated with diagrams.

#### THORACENTESIS,

Dr. Leale, of New York, read a paper in which this operation was warmly advocated. Serous effusions were said to be amenable to treatment by using a trocar. In purulent collections, on the other hand, free incisions were advised. Continuous drainage might become necessary. Restoration of the pleura and lung to their normal condition after thoracentesis, was first considered. The spontaneous cure of empyema by discharge per bronchi was next alluded to. A case of empyema, entirely cured without the operation was mentioned. The point of election for performing the operation was also referred to. Other points were then set forth, and the following conclusions presented: Thoracentesis was easily performed, and required no special instruments. It ranked among the surgical operations most conspicuous for saving of life. Thoracentesis was justifiable to prevent pain and prolong life, even when an ultimate recovery of the lungs could not be expected. Complete absorption had followed thoracentesis, when pus, air, or serum had been left in the pleural cavity. The pleuræ might be restored to health after thoracentesis. Hectic fever, the result of unhealthy decomposition, ought to be relieved by a free incision.

The author's recorded illustrations had shown



that thoracentesis could be successfully performed on the nursing infant, as well as on the adult. That it could be resorted to when both lungs were diseased, and even in far advanced pulmonary consumption. That relief from distressing suffocation could be obtained, life prolonged, and painful death averted.

#### CYSTOTOMY FOR CYSTITIS IN THE MALE.

Dr. Robert F. Weir, of New York, read a paper upon the above subject, which embodied the results of forty-seven cases, in which the operation of cystotomy for cystitis had been resorted to. It opened with a short but interesting historical account of the operation, which was presented to the profession by the venerable Dr. Willard Parker, in 1867, in the "Transactions of the New York State Society." Dr. Parker's claims to priority in this matter were shown to be valid.

Of the 47 cases collected by Dr. Weir 13 died, 10 of which deaths were due to advanced kidney diseases, and only 3 to the operation itself. Of the 34 cases that recovered, 23 were cured by the operation absolutely, or were so much relieved as to be able to return to their vocations, to hold their urine for several hours; 7 were relieved to a moderate extent, and 4 completely failed in affording any benefit. Not all, however, were treated by lateral lithotomy, in only 32 cases was this method used, the bilateral incision five times, and the median ten times. When the median section was resorted to, in six of which a cure resulted, either a supplementary incision (three times) into the prostate was done, or the finger (once) or two fingers (once) were introduced into the bladder, or by a bivalved speculum the vesical orifice was stretched (five times) to the diameter of an inch. Hence, when the median operation was resorted to, incision or laceration of the prostate was of necessity conjoined with it. A permanent fistula was more apt to occur after the median operation. To afford success, not only a free opening into the bladder, preferably by the lateral incision, must be made, but also the wound should be kept open as long as possible by either introducing the finger or a large tube frequently during the first ten days after the operation, and after that time oftentimes a tube can be permanently borne. Dr. Weir also cited a number of cases where, in the performance of lithotomy or cystotomy, the hypertrophied median lobe or other portion of the prostate, had been removed without enhancing the risk of the operation, and advised, after consideration of the subject, that an endeavor should, if possible, be made in the performance of cystotomy in the aged (or past fifty-five) to remove any enlargement of this gland.

#### GASTRO-HYSTERECTOMY.

This was the title of a paper read by Dr. Isaac E. Taylor, of New York. The writer dwelt for

some time on the history of the operation, and then went on to speak of the case referred to in the title. The patient had a kyphotic pelvis, and five years before Dr. Taylor had delivered her by ovariectomy. There were two modifications of the operation of gastro-hysterectomy, Porro's and Mudder's, and he had added a third. Confident that there was a ductile isthmus between the body and the cervix of the uterus, after opening the abdomen and delivering the child by Cæsarian section, he placed two ligatures, almost an inch apart, around the pedicle, and cut off the uterus between the two. Unfortunately, however, retraction of the arteries took place, and he found it necessary to put on a ligature with the "cobbler's stitch." The patient did perfectly well for some time after the operation; but on the seventeenth and eighteenth day phlegmasia dolens made its appearance. This subsided before a week, but she was still ordered to remain strictly in bed. On the twenty-seventh day, however, she was attacked by cardiac thrombosis, and died in a few hours.

This unfortunate result, he believed, had no connection whatever with the operation performed. In conclusion, Dr. Taylor spoke of the various advantages of gastro-hysterectomy in deformed pelvis. Out of the fifty cases now reported twenty-one had recovered. In connection with the paper, Dr. Taylor exhibited the uterus removed (which he regarded as affording valuable proof in confirmation of his views as to the structure and action of the tissues of the lower segment and neck of the uterus, prior to and during parturition), and also a number of photographs of the patient and specimen.

#### REMOVAL OF THE UTERUS.

Dr. T. Gaillard Thomas, of New York, read a paper on this subject. There were three circumstances, he said, under which complete extirpation of the uterus might now be regarded as a legitimate, and often a very necessary procedure. 1. On account of malignant disease. 2. As an addendum to the Cæsarian section, after the method of Porro, and 3, in order to render practicable the removal of tumors which took their origin in its tissues, or which arose in the ovaries, and whose attachments were too firm to be broken.

It was with the third class of these indications that the present paper was concerned. After quoting the opinions of Barnes, Emmett, and other authorities, who regard such operations as still *sub judice*, he stated that he was to-day giving evidence in favor of a young and feeble cause. An honest conservatism was the bulwark of scientific surgery; but, at the same time, there was no virtue so likely to run to dangerous extremes. In this connection, he alluded to the splendid triumphs of ovariectomy within the last few years, and said that it was with the desire to put upon record further

testimony from which might be drawn reliable deductions as to the propriety of removing solid or cystic tumors by laparotomy, when such removal involved the necessity of ablation of the uterus, that this clinical condition was made.

The paper embodied the results of seven cases, in one of which the whole fundus, in another the whole body, and in five of which the entire uterus was removed. Four of the tumors demanding the operation were large solid fibroids with no cystic elements. One was a fibro-cyst, partly solid and partly fluid, and one a peculiar ovarian tumor which, developing between the layers of the broad ligaments, lifted the uterus entirely out of the pelvis, and made it a mere addendum to their walls. Out of the seven cases four recovered and three died. The three fatal cases were all operated on for large solid tumors. Of the four successful ones, one was a case of solid uterine fibroid, one a case of large fibro-cyst, and two cases of ovarian cysts with large amounts of solid material in their walls. On recognizing this fact it was to be borne in mind that a tumor susceptible of diminution of size by tapping was not so dangerous for laparotomy as one which, being entirely solid involved the necessity for a long abdominal incision.

As far as Dr. Thomas knew, no one in this country had had so large an experience, and, he was glad to add, so gratifying a success in this formidable operation as their distinguished fellow, Dr. Gilman Kimbal, of Massachusetts. He removed the uterus thirteen times (nine times for solid and four times for fibro-cystic tumors), with the excellent result of eight recoveries and five deaths. In some of his cases the whole, in others a part only, of the uterus was removed.

#### THE CLAIMS OF PEDIATRIC MEDICINE.

An address, by Dr. A. Jacobi, of a very appropriate and interesting character, reviewed the claims of pediatric medicine. In commencing the address, he very pointedly referred to the difference between special practice and special study. His statements of the gradual encroachments of the various specialties upon the domain of the general practitioner created some amusement. In replying to the question: "What is left for the general practitioner?" he said, "The general practitioner will in future obtain, as the legitimate province of his practice, the male half of mankind, and very old women, and very young children, provided he will keep his hands off their eyes, ears, nervous system, lungs, and heart, urinary organs, venereal diseases, nose, pharynx, larynx, hair, and corns." He pointed out the fact that the multiplication of specialists is due, first, to the immense progress of the science; and, secondly, to the attainment of special skill and dexterity by certain individuals, leading them to select certain branches as their favorite practice.

The pathology and therapeutics of childhood do not mean the same as in the adult; the difference is not merely a matter of dose, as is frequently supposed. The light that has been recently thrown upon infantile disorders, due to malformation, defective evolution, or to abnormal development, has led to great improvement in the methods of treatment. The peculiar characters of infantile bowel diseases, pulmonary affections, and zymotic diseases, require special study of children's diseases for intelligent practice. Functional disturbance also acquires more prominence in disorders of children than in adults. Since twenty per cent. of children do not survive the first year, and a very large proportion of these unfortunate cases of premature death are due to defective feeding, it was pointedly inquired whether special study is not required for the practice in this field of medicine, whose importance it is difficult to over-estimate. A special section on the pathology of children would include the consideration of questions of hygiene, such as feeding, nursing, clothing, and baths. He concluded by urging the formation of a Section on Diseases of Children.

#### ELECTRICAL TREATMENT OF EXOPHTHALMIC GOITRE.

This paper was read by Dr. A. D. Rockwell, of New York.

In regard to the current to be used in exophthalmic goitre, every physiological consideration and all experience points to galvanism as prominently indicated, and yet he would bear testimony to the fact that the faradic current is not altogether useless. The applications, however, must not be local, but *general*, after the method of general faradization; and, in a certain proportion of cases, where there is anæmia, with marked nervous irritability, benefit will certainly follow. In the use of the galvanic current upon which we are mainly to rely, Dr. R. had obtained good results by placing the cathode over the cilio-spinal centre, and the anode in the auriculo-maxillary fossa, gradually drawing the anode (after a few moments of stable treatment) along the inner border of the sternocleidomastoid muscle to its lower extremity. The second step in this process consists in removing the anode to the position occupied by the cathode, and using for a minute or so longer a greatly increased strength of current. In one case, failing after considerable effort to accomplish more than a very moderate degree of amelioration, the speaker made use of currents that were rapidly increased and diminished every few seconds by means of a rheostat, and with very great benefit. Subsequently to this, he came across a case published originally by Dr. Ancona in the *Giornale Veneto di Scienze Mediche*, where an obstinate and severe example of Grave's disease had been cured by distinct interruptions of the current, the electrodes being



placed on either side, just below the angle of the lower jaw. The cure was accomplished only after the administration of 100 applications. In addition to the four cases that he had previously published, Dr. Rockwell gave in detail the history of five additional cases. Of a total of nine cases, four completely recovered, one approximately recovered, two were much benefited, while in two cases no form of treatment proved of essential service.

#### SULPHUR IN DISEASES OF THE SKIN.

This paper was read by Dr. Bulkley, who spoke of the great popularity which sulphur had had in the treatment of skin diseases, and of the indiscriminateness of its employment. His present aim was to show in exactly what diseases sulphur really relieved and how it should be administered. He proposed to discuss its effects when given internally and externally, and also the effects of its different compounds and of the mixtures containing it. As to internal use, pure sulphur was seldom given alone for skin disease. In eczema about the anus and genitals, however, it is very useful, especially if there is any constipation or piles. It may be given with equal parts of cream of tartar, in teaspoonful doses. Sulphurous acid (SO) is rarely used internally.

Sulphide of calcium is very valuable in skin lesions attended with suppuration. In *acne* it is often useful, but chiefly in those cases which have a considerable pustular element. It is not of much use in *acne rosacea*. In *hordeolum* it is very valuable; also in *furunculosis*, relieving not only the symptoms, but preventing further crops of boils. Like testimony may be given regarding its effects in carbuncle and suppurating buboes. True, non-parasitic *syccosis* is sometimes benefited by sulphide of calcium. The drug is liable to be poor, and should have its characteristic smell of sulphuretted hydrogen. Dr. Bulkley usually gave gr.  $\frac{1}{4}$  q. i. d. It is undoubtedly the sulphur that does the good in these cases, for other combinations of sulphur, such as the hyposulphite and sulphuric acid, have been found similarly beneficial. A wonderfully valuable combination of sulphur is that known as "Startin's Mixture":

R. Magnes. sulph.....	ʒ i.
Ferri sulph .....	ʒ i.
Acid sulphur. dil.....	ʒ ij.
Tr. gentian .....	ʒ i.
Aquæ .....	ʒ iij.
M. Sig.—ʒi. dose after meals.	

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforme, erythematous eczema, and urticaria.

In regard to the use of natural sulphur waters, some benefit is obtained from them, but it is impossible to speak definitely of them until more

data are collected. The speaker would be pleased to receive help from any in collecting such facts. Externally, sulphur has gained its widest reputation in the treatment of scabies, for which it is almost a specific. It should be remembered that sulphur is an irritant to the skin. Besides scabies, sulphur is beneficial in acne, either in the form of the pure sulphur or the hypochloride, the latter being used as an ointment about ʒi. to ʒi. Sulphur will also destroy the parasite of favus, ringworm, and tinea versicolor, pure sulphurous acid being the best form for these. Sulphur vapor baths are of value in very few diseases of the skin. They stimulate the skin and liver, and they destroy skin parasites. But not much more can be said for them.

#### THE STRONG GALVANIC CURRENT IN THE TREATMENT OF SCIATICA.

This paper was by Dr. V. P. Gibney, of New York. In thirty-two cases treated as above at the Hospital for the Ruptured and Crippled, twenty-four were entirely relieved, three moderately relieved, and five not relieved. The currents were given daily; sixteen of the cases had no relapses, and only four had a permanent return. Several cases were related. In one, twenty-seven cells were applied for ten minutes daily for several days, with rapid relief. The duration of the disease in the cases reported varied from a few weeks to several months. The current should be a stable one; the labile current is not a constant one. The speaker described the best form of battery. The current should be just as strong as the patient can bear it. The application should be given for ten minutes, or even fifteen, if possible. It should be given twice a day at first, if possible, and kept up for fifteen or twenty days. If by that time no good results ensued, it had better be discontinued. Six to ten sances may secure success. The descending current is preferable.

#### RESPONSIBILITY FOR CRIME.

The Judges adhere pertinaciously to a view of the practical question of responsibility for crime which leaves much to be desired. Mr. Justice Hawkins, in his summing up in the case of James Sweetland, follows the lines laid down in a well-known judgment, and asserts (we quote from *The Times* of Tuesday, the 6th inst.) that, "to establish a defence on the ground of insanity, it must be clearly proved that at the time he committed the act the accused was labouring under such a deficiency of reason from disease of the mind as not to know the nature or quality of the act he was committing, or, if he did know what he was doing, that he was not aware that the act was wrong."

Further on in the same report we read: "It was impossible to define what insanity was, but as far as the criminal law went, it must be that state of mind which made a person unconscious of what he was doing, and that it was a wrong act he was committing, even though he knew what that act was." Again: "It must be that insanity which prevented a man from knowing the nature of an act, or that it was wrong." Mr. Justice Hawkins is too sound a lawyer and too wise a judge to have given expression to an opinion at variance with the principles of law as they are still understood by the Bench. There is obviously a strange lack of breadth in the legal view of insanity as a disease; but is it so narrow as to exclude all cases of delusion in which the subject acts under a supposed self-consciousness of evil influence? The man who thinks the devil or some fiend instigates or drives him to the commission of an offence may know what it is he does, and be painfully aware that it is both wrong in itself and contrary to law, but nevertheless do it, and do it insanely in such a way that common sense must excuse, and the law can scarcely condemn him. It is needless to cite instances of this class; the books are full of them, and even *one* would suffice to upset the postulate assumed by Mr. Justice Hawkins.

The case of Sweetland is, as a whole, one of considerable difficulty. Mr. Montague Williams did not put the popular argument too strongly when he said that if "insanity" were to be accepted as an excuse for crime committed "in a state of carelessness and recklessness" induced by the habit of drinking, "no person's life would be safe for a moment." It is a most regrettable circumstance that this question of responsibility is left to be raised and disputed as a ground of defence. It would be incomparably better if the plea of insanity were disallowed, and the question of *responsibility* made the subject of special inquiry after the jury had given its verdict, and before the judge pronounced sentence. Irresponsibility should never be allowed to form a question before the jury or the Court *during* a trial. It is solely a question for the Crown, and might well be determined after a prisoner was delivered over to the judge, as the representative of the Sovereign, for punishment. We should then get rid of two evils at one sweep: 1. The importation of a foreign element into the process of weighing evidence on the question of *fact*, with which alone any lay jury can be competent to deal; and, 2, the cross play of assertion and argument, which discredits truth and science, in the conflicting interests of the opposing parties. Nothing is more undesirable on grounds of public prudence than to leave questions involving great issues to an incompetent tribunal. The balancing of technical evidence cannot possibly be a task to be entrusted to any lay judge or jury. As well set a man ignorant of the law to determine

between the merits of two elaborate legal arguments, as expect a layman to decide which of two medical "opinions," the one for and the other against an accused person, is that which ought to be adopted. What would any reasonable man think of the proposal that the Lord Chancellor should be a person ignorant of the law? Yet such a proposal would be precisely in accord with the practice which sets a judge and jury, both ignorant of medical-psychology, to decide between the conflicting testimony given by medical men, called by the Crown and for the accused respectively, in a case like that we are considering. Of course neither judge nor jury can know anything about the matter in dispute, and the only indication to help them is the *status* of the opposed witnesses, which must sometimes prove an untrustworthy guide.

In the case of Sweetland there would seem to have been some evidence of hereditary disease, and certain peculiarities in his conduct which *may* have been symptoms of insanity, but there is really nothing in the evidence to shape the judgment of an alienist. The materials for a decision on the question of responsibility are wanting. The fact that shot was deliberately purchased, apparently with a view to the commission of the crime, counts for nothing. The most pronounced lunatics often show the greatest cunning and premeditation in the perpetration of offences. Nor is it important to either side of the case that the accused showed consciousness of what he had done immediately after the crime, and observed reticence subsequently. Those who have had much experience among lunatics will not need to be reminded of the difficulty which often besets the task of making out the formal proof of their insanity. The worst and more dangerous cases are often, if not generally, the most obscure. The diagnosis of insanity is especially a matter of personal skill. Dr. Maudsley took up the only tenable position when in a recent civil case he stated his opinion as an expert, and, relying on his reputation, declined to bandy words with the unskilled cross-examiner who sought to elicit his "reasons," and discover the processes by which he arrived at his conclusions. It would be well if medical witnesses generally were as wise in their bearing. For example, in the case of Sweetland we would rather accept Dr. Bucknill's opinion on the basis of his skill as a diagnostician than entertain his hypotheses as a psychologist; and that opinion is that the man was mad when he committed the crime of which he has been convicted, and that even now he has the delusion that the deceased watched him for the purpose of doing him an injury.

The only point on which we are sufficiently well informed to adventure an opinion as to this case, and that a very strong one, is that the Crown cannot in common justice proceed to execute the sen-



tence of death without a proper medical inquiry. Public opinion will not be satisfied with the carrying out of the sentence until the question of *responsibility* has been determined. We cannot suppose the judge or Home Secretary will be inclined to leave the matter in the present state of incertitude. It is, therefore, only necessary to urge the expediency of prompt action. Respect for the administration and for the law is weakened when there is unnecessary delay in these cases. An inquiry *must* be instituted. It is a clumsy and costly expedient, but absolutely indispensable under the circumstances. Nothing can be gained, and something may be lost, by delay. A writer on the subject of "Impulse and Responsibility" has said: "The justification of a plea of insanity must, I think, take the form of a demonstration that the impulse alleged to have been morbid exhibits the characteristics of disease, or that it occurred in the course of a paroxysm of the malady." This pretty well covers the area and marks the limits within which the search for evidence should now be prosecuted. Every day the inquiry is delayed, the diagnosis, from the medico-legal standpoint, becomes increasingly difficult, and new sources of error are incorporated with the case; for example, the mental effects of remorse, hope, and despair, with the ever-impending, though disguised, dread of steadily approaching death. It is not politic in the interests of pure justice, with which society is chiefly concerned, to delay an examination of this character until influences which may either crush or *recover* the mind have established their sway. It seems to be forgotten that a man who was mad when he committed a crime, and, therefore, ought to be absolved, may be cured by the mental effects of his trial and condemnation!—*Lancet*.

### ON INTRA-UTERINE TUMORS.

BY J. MATTHEWS DUNCAN, M.D., ST. BARTHOLOMEW'S HOSPITAL, LONDON.

In describing polypi and tumors two things are confused, the origin and the situation of the polypus or tumor; and, like all confusions, this one leads to a great deal of harm. A tumor is best named with reference to its origin. To-day we are considering only tumors which are intra-uterine in their origin; which spring from the cavity of the body of the uterus, and which remain there. An intra-uterine polypus may be, in point of situation, vulvar, the polypus hanging in the vulva; that is, between the labia. A polypus intra-uterine in origin is, in the majority of cases, a vaginal polypus in situation; or, again, a polypus which grows from the interior of the body of the uterus may be intra-cervical in situation. And when you hear of intra-uterine polypi, or look at pictures or diagrams

of them, what is generally meant is intra-cervical. A fibroid or a mucous membrane growth, if truly intra-uterine in situation, is very rarely a polypus. Except in the case of little mucous intra-uterine polypi, I have never seen an intra-uterine growth which was really a polypus.

An intra-uterine growth, not intra-cervical, is either sessile or has only a neck; it has no distinct stalk to make it a polypus. You may easily perceive that, within the womb proper, there is no room for the development of a stalk to a polypus which is of any dimensions. You must understand, then, that intra-cervical polypi are generally called intra-uterine, and wrongly so; moreover, they are easily diagnosed and managed, compared with truly intra-uterine, which are rarely, if ever, polypi, and have only a neck, not a stalk.

You see I do not attempt to make a new nomenclature; that is an easy proceeding, which is rarely advantageous, and still more rarely successful; but I give a designation to growths which are truly within the cavity of the body of the uterus, calling them intra-uterine tumors, not intra-uterine polypi, from their origin and situation combined; and it is only of such truly intra-uterine tumors that I intend to speak to-day.

You will understand the rationality of calling a tumor or a polypus according to its site of origin, and using other terms to denote the situation in which the body of the growth happens to lie, if you think of polypi of the nose. These frequently hang down into the pharynx, and they are not called pharyngeal, but nasal polypi; and we are only carrying out the same rule of nomenclature.

What I have already said indicates that a growth from the interior of the uterus almost invariably grows downward. It begins within the cavity of the body of the uterus, and as it progresses it becomes, under the influences of growth and uterine contractions, intra-cervical, and then it becomes vaginal, and it may even become vulvar in situation. But that is not invariably the case; a polypus may grow up instead of down.

One more word before I come to intra-uterine tumors. What are the polypi, intra-uterine in origin, but in situation intra-cervical? They may be polypi of the mucous membrane. Fibrinous polypi are characteristically intra-cervical, though not invariably so. Placental polypi are occasionally intra-cervical, but not generally. Then there is a rare condition called cervical pregnancy, in which a mole or otherwise healthy ovum has been pushed, in the process of abortion, out of the cavity of the body of the uterus, its original and natural site, into the cavity of the cervix, but still retaining its connections with the mucous membrane lining the body of the uterus. Lastly, you have fibroids, either as true polypi, or as spurious or false; that is, partly enucleated.

What are the varieties of intra-uterine tumor?

You have three forms of mucous polypi which occur in this situation: Firstly, adenomatous, that is, consisting of hypertrophied glandular structures of the uterine mucous membrane; secondly, molluscum, this is, hypertrophy of the areolar tissue without glandular developments; and, thirdly, cystic tumors, where the disease is probably the accumulation of fluid within closed glands of the mucous membrane. This cystic degeneration sometimes accompanies or forms an addition to an intra-uterine fibroid. When I do not mention any particular kind of growth in my lecture to-day you will understand me as speaking of an intra-uterine fibroid. Besides an intra-uterine fibroid you may have a fibrinous polypus within the body of the uterus, or a placental mass, of which latter I have narrated examples in a former lecture. When you have an intra-uterine fibroid it is, as I have already said, a sessile growth, or one which has merely a neck, not a distinct stalk; it is therefore not a polypus. It may be a true intra-uterine growth, covered with mucous membrane or with a capsule of muscular tissue in addition; or it may be a spurious or false intra-uterine growth, having no covering, having been to some extent spontaneously enucleated; such a one was at first imbedded in the wall of the uterus, and has been expelled through an opening made in the mucous membrane and muscular tissue, into the uterine cavity, where it may be found as an intra-uterine tumor.

What are the events which may arise in the history of an intra-uterine fibroid? It may cause a woman to bleed till she is at the point of death, and I have repeatedly seen it prove fatal; or, again, it may give no trouble at all, being found only after death, not so much as suspected before. It may be pushed down into the cervix; or farther, into the vagina; and perhaps into the vulva, during which process a stalk is formed, which it did not before possess. It was not a polypus so long as it remained in its place of origin, but when it reached the cervix it became one, whether of the false or true variety; that is, whether still encapsuled or partially enucleated. It may be in the course of this pushing down that it becomes enucleated, or it may be enucleated in its earliest original site, so as to have no covering and lie bare ready to be detached. Another result still may happen, and is well illustrated by a case which was in "Martha" not long ago. The uterus seizes the intra-uterine tumor as is seized a mole or a child and pushes it out; but in the course of this process a stalk is not formed; the tumor pulls the probably thin, and therefore weak, uterine attachment with it; and consequently you see the woman with an inverted uterus. It is not a polypus which produces this effect; it is a sessile or necked tumor, which refuses, metaphorically speaking, to form a stalk, pulls the womb down, and turns it inside out.

Here is the proper place to tell you an important fact which will enable you to avoid what may be a distressing and serious error. In the course of such a history as we have been describing it may happen that the tumor comes down and then retires. If you examine the woman at one time, most likely while she is losing blood, a tumor will be found in her vagina; but when you return, perhaps intending to operate, there is no tumor to be found, it has gone up again. This occurs not only in the case of polypi and of tumors which are clearly and distinctly within the cavity of the uterus, but also in the case of some which are intramural or imbedded in the uterine wall, and are undergoing a process of enucleation and expulsion. I shall endeavor to impress this upon you by the history of a case. It was a large tumor in the vagina, which had several times threatened sudden death from loss of blood at the monthly periods, the amount lost being enormous. On examination I found no tumor at all in the vagina; but there was evidence that the woman had a uterine fibroid, not a polypus. I wrote to my friend, who had sent her to me, and found what furnished an explanation of the difficulty. It was that he had examined her during the loss of blood, and it was only necessary for me to wait a few days till it recommenced; and then there was a great fibroid, partially enucleated, down in the vagina, with tremendous flooding. That was not an intra-uterine tumor, according to the principle I have adopted of naming tumors according to their origin, but it was an imbedded tumor in the course of spontaneous cure by enucleation.

An important point I must mention is that you have two distinct sets of cases: one in which the cavity of the uterus is open and expanded; another in which no other enlargement has taken place beyond what is required to contain the tumor. You will understand that the former are much more easily dealt with as to diagnosis and treatment than are the latter, where you have to force your way every step you make. In the former class of cases you have only to open the neck of the womb, and you can feel all the uterine cavity; while in the other class you have to force your way every fraction of an inch you progress in making the diagnosis.

All the tumors I have been discussing in this lecture are diagnosed and treated very much in the same way. I have said that an intra-cervical tumor is generally spoken of as intra-uterine; it is easily diagnosed and treated, but it is quite a different matter when we come to intra-uterine tumors proper, and we have had several examples in "Martha" of the difficulties attending their diagnosis and treatment.

Suspicion, which does not reach the length of diagnosis, arises when you find an enlarged uterus, especially if it be also a little deformed; but if the



uterus be much deformed it is probable that the tumor is not intra-uterine. If the tumor is small you may have no evidence of enlargement even. Suspicion is first aroused in most cases by the occurrence of loss of blood, which may take place at the monthly periods or altogether apart from them. This loss of blood it is which in most cases impels you to examine per vaginam in order to treat satisfactorily; for without a complete diagnosis treatment is very unsatisfactory. In some cases the intra-uterine tumor produces, in addition to loss of blood, copious serous discharge, or sometimes purulent discharge. I have seen several cases of intra-uterine fibroid in women, after the menopause, where the discharge was not bloody, but evidently from an inflamed uterine cavity and so profuse as to have effects upon the constitution very nearly as powerful as loss of blood.

How are you to make sure of the presence of an intra-uterine tumor? First, you are not to attempt to make sure unless you have sufficient reason; for the process of making sure is itself attended with considerable danger, the danger of septicemia from the injuries the process may cause; the danger of parametritis or perimetritis, which must always enter into our consideration. Let us suppose, however, that the case is serious enough to demand you to proceed. You must get your finger into the inside of the woman's uterus to feel it. Examination by the probe is often spoken of, but it is utterly unsatisfactory. There is only one sort of probing that is conclusive for this kind of diagnosis, and that is with one living, educated finger, the other hand aiding by acting in the bimanual method. This is especially successful in cases where the cavity of the body of the uterus is dilated; then you may be able to insert your finger without further ado, without previous artificial dilatation; or you may, by the exercise of a little force, push the finger through the external and internal orifices; or, again, you may succeed by pressure, while the neck of the womb is held in a vulsella, to prevent its receding before your finger, or to pull it down on your finger. But generally, and invariably in that class of cases where there is no dilatation of the cavity, you have to dilate every particle of the neck and cavity which you wish to explore. Now, dilatation for the purpose of exploration of the cavity of the body of the uterus, when the cavity is not previously enlarged, is a much more difficult matter than is generally supposed. You can push in your dilating apparatus, and keep it in by plugging the vagina, which will dilate only as far as the tent goes; and it is a very natural matter to be deceived and think you have reached the fundus uteri when you have accomplished no such thing.

The best method of dilatation is by means of tangle tents. You must have a tangle tent at least three inches long; because the tangle tent may

slip right into the uterus and become lost there, owing to its being too short. A uterus which is much hypertrophied may require even a longer tent than one of three inches to open it thoroughly.

The dilatation completed, you have next to introduce your finger into the cavity so as to touch the fundus, and for this purpose you will probably require to hold or pull down the cervix with a vulsella, upon your finger, in the same way as you pull a glove on a finger. In one case, which I read to you in a former lecture, we could not, in this way, arrive at a diagnosis, because the finger was not long enough to reach a mucous polypus, which was discovered only after the death of the patient, that took place from another disease altogether. In that case the cervix uteri was pulled down upon the finger as far as was possible, and yet the polypus was not reached. The uterus from os tincæ to fundus was four inches and a half long. Had it been a matter of extreme urgency to complete the diagnosis, the only way open to us would have been to push the fundus uteri down on the finger from above, as in bimanual examination. In this manner I might have managed a case in which it was of importance to complete the examination. This method was not successful in the case just referred to.

*Treatment.* I recommend you to trust in "avulsion." Do not first separate the tumor and then take it off, but use avulsion, doing the two parts of the operation simultaneously. In the great majority of cases nothing else is required. You seize the little tumor with a vulsella, and with a slight amount of rotation pull it out. It is, if a fibroid, enucleated by the violence. Of course, if it is a fibroid and already partially enucleated, it comes away with no difficulty; but even if it is covered by a thin capsule, by seizing it you can get it away without much trouble. If you should require any cutting, I recommend you to use a pair of curved scissors, though this is very seldom necessary in the case of a fibroid. In the case of a soft mucous tumor which is not a polypus the process of removal resolves itself, involuntarily on your part, into one of torsion and pulling away. You seize the tumor with a pair of uterine dressing forceps and pull it off just as you would pull off a nasal polypus. In both sets of cases the process is essentially one of avulsion. In the case of adherent placental masses you peel off with your nail or with the tip of your finger.

I have never resorted to any means other than those above mentioned. Were I to do so I should throw a wire around the neck of the tumor and burn it off with a galvano-caustic apparatus. I have no particular objection to the *écraseur*, but I think the other a much nicer operation, and by it you have security against bleeding if you do not cut off the growth too quickly.

Formerly the treatment was to ligature the neck

of the tumor and gradually to tighten, strangle, and separate it, all for fear of bleeding, which was expected from quick severing, of the connections of uterus and tumor.

Bleeding is, for the most part, a mere bugbear; for nearly in every case there is none. It is chiefly in the case of mucous membrane growths that there is danger of hemorrhage, which may probably be diminished, however, by giving ergot before the operation. If it should occur it may be stopped by a plug, which is a most valuable means of arresting hemorrhage. This process of plugging you must see for yourselves, for it does not so well admit of description as to entice me to go on to give you an account of it in the present lecture.

You may cut through the body of a fibroid and leave a bit in the uterus without necessarily having important hemorrhage. But this is an undesirable proceeding. At present we have a case in "Martha," where after two years and a half, the stem of a fibroid partially amputated by one of my predecessors, is still to be seen, dirty and grayish-black, and discharging a brown fluid, but otherwise giving no annoyance. The only case nearly resembling those under discussion, where we have had serious bleeding, was where the tumor was a muscular outgrowth, not a fibroid. It was attached high in the cervix; there was no neck. We cut through the tumor, and the woman bled severely, but the plug was efficient in arresting the hemorrhage even in that case. This kind of tumor has no capsule like a fibroid. It is a continuous outgrowth of the proper uterine tissue.—*Condensed from the Medical Times and Gazette.—Medical News.*

#### DISEASE OF THE AREOLA PRECEDING CANCER OF THE MAMMARY GLAND.

In describing the disease, Sir James Paget says, *St. Bartholomew's Hospital Reports*, for 1874. "The patients were all women, various in age from forty to sixty or more years, having in common nothing remarkable but their disease. In all of them the disease began as an eruption of the nipple and areola. In the majority it had the appearance of a florid, intensely red, raw surface, very finely granular, as if nearly the whole thickness of the epidermis were removed; like the surface of very acute diffuse eczema, or like that of an acute balanitis. From such a surface, on the whole or greater part of the nipple and areola, there was always copious, clear, yellowish viscid exudation. The sensations were commonly tingling, itching, and burning, but the malady was never attended by disturbance of the general health. I have not seen this form of eruption extend beyond the areola, and only once have seen it pass into a deeper ulceration of the skin after the manner of a

rodent ulcer." . . . "In some of the cases the eruption has presented the characters of an ordinary chronic eczema . . . in some it has been like psoriasis. . . . I am not aware that in any of the cases which I have seen the eruption was different from what may be described as long persistent eczema or psoriasis; . . . and I believe that such cases sometimes occur on the breast, and after many months' duration are cured, or passed by, and are followed by any other disease. But it has happened that in every case which I have been able to watch, cancer of the mammary gland has followed within at the most two years, and usually within one year."

"The formation of cancer has not in any case taken place in the diseased part of the skin. It has always been in the substance of the mammary gland, beneath or not far from the diseased skin, and always with a clear interval of apparently healthy tissue."

It is an old-established doctrine that long persistent irritation will give rise to cancer in organs which are primarily subject to this disease; but the cancer so set up has, we believe, always been superficial, and in direct continuity with the tissues so irritated. Sir James Paget is the first authority to draw attention to chronic skin disease as a forerunner of breast cancer, but, "with a clear interval of apparently healthy tissue." Other observers, notably Mr. Butlin, Dr. Thin, and Mr. Morris, have since published observations on this highly important subject. The discussions on these papers have called forth, as was to be expected, conflicting opinions; but the main fact seems to be undisputed, that in a certain number of cases cancer of the breast and chronic disease of the skin over it are associated together. This exact relationship has, it seems to us, yet to be worked out; for it would seem to differ from ichthyosis linguæ and balanitis in their relations to cancer in one very important point—that whereas these latter conditions gradually merge into the cancer and are *ab initio* continuous with it, in the case of eczema of the nipple there is between it and the cancer of the mammary gland "a clear interval of apparently healthy tissue." It would be obviously unwise to shut our eyes to this association, or argue that it is an event of very rare occurrence. It is, indeed, just under these circumstances that such a cause might be overlooked: while it is, nevertheless, well to be armed at all points when we are dealing with such a dangerous and insidious disease as cancer.—*Med. Times and Gaz.*

#### CAVITY OF THE LUNG TREATED BY PARACENTESIS.

Dr. R. Douglas Powell and Dr. R. W. Lyell, contributed a paper on a case of basic cavity of



the lung treated by paracentesis. The case related was that of a man, aged forty-nine, of previous good health, but intemperate habits, who in December, 1878, had had bronchitis, followed in the ensuing February by pleuro-pneumonia and foetid expectoration. He improved after a time, but relapsed again in July, and in August was admitted into the Middlesex Hospital under Dr. Powell's care. On admission, the physical signs showed consolidation of the lower lobe of the right lung, with excavation of its central portion, the cavity signs being centred about the level of the seventh dorsal spine in the line of the angle of the scapula. There was considerable hectic, with diarrhoea and anorexia. The breath and expectoration were extremely foetid, the latter being muco-purulent in character, and very abundant, amounting to about one pint in the twenty-four hours. The area of excavation having been carefully marked out, the operation of paracentesis was performed by Mr. Lyell on September 11. A medium-sized aspiration-trocar was first thrust in at the eighth space mid-scapular line, and a free incision having been made through the tissues down to the intercostal membrane, the fine trocar was withdrawn and a full-sized hydrocele trocar inserted, which, after slightly enlarging the opening, was in its turn removed and a large drainage-tube introduced. Carbolic dressings were applied. A moderate quantity of secretion escaped from the wound (which gave rise to no serious bleeding), and the discharge subsequently from the tube, although free was never abundant. The expectoration and cough, however, at once almost entirely ceased. The wound was dressed daily under the carbolic spray, with a view of disinfecting it and the cavity, and injections of Condy's solution were used. On October 2 there was some return of foetor of breath, that of the discharge from the tube having never been quite corrected. Some trouble was occasioned by the tube slipping out, its reintroduction being hindered by encroaching granulations, and the tube was felt to strike against some impediment deep in the lung. The channel was kept dilated, however, and the patient improved in strength, and on the 20th was transferred to the Brompton Hospital. Foetor of sputa returned towards the end of the month, however, although the amount expectorated continued to be very scanty. The patient lost ground rapidly, and was finally seized with pleuro-pneumonia on the opposite side, of which he died on October 31, fifty days after the operation. The post-mortem examination revealed the presence of several inter-communicating cavities in the lower lobe of the right lung. This lobe was firmly adherent throughout, and a drainage-tube, passing through the eighth intercostal space, entered a contracted cavity, which was connected with the main cavity by a short dilated bronchus. This small cavity must have been

closely sub-pleural, and was the very lowest of the series, although at so high a level as the eighth space it was only separated from the diaphragm by one-eighth of an inch. It was evident that in contracting upon the tube the wall of the cavity had come in contact with and partially occluded its extremity. The rest of the lobe was densely consolidated by fibroid growth surrounding bronchiectatic cavities. There was broncho-pneumonia and effusion on the left side. The rest of the lungs were emphysematous. In their remarks upon the case the authors commented upon the infrequency with which the base of the lung had been tapped, and pointed out that the immediate cessation of cough and expectoration after operation in this case was a fact very encouraging to future interference with such cavities under more favourable circumstances, and also afforded a valuable hint respecting the importance of disinfecting lung-cavities. For it was clear from the small amount of the discharge, compared with the great previous quantity of expectoration, that the bulk of that expectoration had been yielded by the bronchi irritated by the acrid fluids and gases in their passage from the cavities. Whilst advocating the puncture of chronic basic cavities in suitable cases, the authors deprecated interference with apex cavities, on the ground of its being rarely necessary or useful, and are averse save in exceptional instances to making incisions into acute basic abscesses of the lung. In the present case, however, the operation had undoubtedly been postponed too long, the patient having come under observation too late. The diagnosis of the case from empyema was touched upon, and the several steps of the operation discussed; the use of a large trocar in preference to the knife being advocated. In future cases, too, the authors would prefer to choose the centre of the cavity rather than its lowest point for puncture, where it is situated in the posterior lobe of the lung.

Dr. Symes Thompson thought the operation advantageous in selected cases, but it did not suit where the disease was acute or where the pleura was not adherent. When the inflammation was of a gangrenous character, or where the patient's health was very bad, it might be performed, but not, he thought, until recovery by any other procedure was nearly hopeless. There would always be great difficulties as to diagnosis, for to be successful the putrid cavity must be near the surface, and these cases are not very numerous nor easy to make out.

Dr. Barlow said that no treatment of suppurating cavities could be satisfactory without good drainage. In the case narrated the opening was sinuous, and hence the drainage could not be very good. He would make a double opening as in empyema. It was easier to get the cavity cleaned out in this way. In empyema he fixed the tube by a thread round the body.

Dr. Silver called attention to the fact that the discussion was on tapping cavities of the lungs, not on empyema, and that wandering into that subject would be irrelevant.

Dr. Theodore Williams quite agreed that the discussion should be restricted to the subject of tapping pulmonary cavities, but that in every instance the nature of the case had to be considered. Thus the operation might be useful in certain forms of bronchiectasis, but these could not easily be reached. The removal of the putrid fluid was all-important, as the other lung might be poisoned by the inhalations. In one case he tapped a limited empyema, thinking it a bronchiectasis. In most cases of phthisis, the cavities, being in the upper part of the lung, drain themselves. He referred specially to a case where the President had operated for him to a very great advantage.

Dr. Reginald Thompson thought that the operation should really be considered as a means of preventing septic influences on the other lung, and should therefore be undertaken as soon as possible. There was often rapid breaking-down of one lung, and then the other became infiltrated by inhalation with its products.

Mr. Erichsen said that in these cases the great thing was drainage, and that antiseptics did little or no good. The patient was really poisoned by his own secretions. He would make a free opening and get rid of the foul material. In the case referred to by Dr. Theodore Williams the whole house was infected, and the smell could be perceived to the very door, yet when the collection of stuff was opened the whole fœtor rapidly disappeared. Care should always be exercised in the selection of a tube; they should be rigid, to obviate any risk of forming an acute angle. He had found a flat trocar with a vulcanite canula the best instruments to use, but if he had to do it again he would rather pass in a director, and then gradually tear with dressing forceps, than cut. Injection of fluid only seemed to irritate. In Dr. William's case an emphysema set in all over the body, and at each cough it could be seen to increase. This air, although intensely foetid, produced no bad effects on the body.

Mr. Holmes, with regard to the last point, mentioned a case of emphysema connected with the rectum, but neither here was there any damage to the tissues from the foul air.

Dr. Powell, in reply, said there was a difficulty as to the time of the formation of the various cavities; perhaps one formed first, and the others were secondary. He did not favor the idea of a double opening. Only a small quantity of fluid was removed, yet the expectoration ceased at once, perhaps owing to cessation of the irritation to the bronchi.

Mr. Lyell said that in another case he would prefer a metal tube.—*Med. Times and Gazette.*

## ON CURVED SPONGE-TENTS, IN THE TREATMENT OF UTERINE FLEXIONS

BY PROF. ELLERSLIE WALLACE, M.D., PHILADELPHIA.

CASE I. A woman who had presented the symptoms of "womb disease," as she called it, for twelve years, was found to have a uterus which measured by the sound  $3\frac{3}{4}$  inches; it was universally hypertrophied to such a degree that I judged that the fundus uteri must have been not less than three-quarters of an inch in thickness; making the total length of the womb  $4\frac{1}{2}$  inches. She had suffered under attacks of gall-stones for several years. The uterus was retroflexed, and pressed upon the rectum, producing hemorrhoids and very troublesome constipation. She moved with difficulty. She could neither walk nor ride without great distress in the pelvis and in the lower extremities. The uterus, while hypertrophied, was singularly insensitive, and appeared to be entirely devoid of any inflammatory condition of its lining membrane, so that I used four tents at intervals of twenty-four hours, leaving one in place until the next was to be inserted, each tent being somewhat larger than the preceding. By the action of those four tents her uterus was elevated, to my great surprise, to almost its normal position. I allowed her to rise from her bed on the sixth day after the introduction of the first tent. She was then able to walk about the house with great comfort; the pain of her hemorrhoids had ceased, and her bowels had acted naturally for two days, which had not been the case for years. She presently menstruated *with no pain whatever*, the first time of painless menstruation for more than ten years. Seventeen days after the removal of the last tent, I resumed the treatment by the tents. I now used three—all that I used for her, except the first, were spring-tents—and these last were, like the preceding, introduced at an interval of twenty-four hours. The uterus then was in an absolutely normal position; its length had diminished half an inch. Four days after the removal of the last tent she went out daily for three days, to the church, to the opera, and spent several hours in shopping. She declared that she was perfectly well, and when I told her that her womb was far too large, and would require some months of treatment, I could hardly induce her to believe it, so thoroughly was she relieved of her symptoms. But on the following day she was attacked with symptoms of gall-stones, and died in forty-three hours. A post-mortem examination revealed the uterus in perfect shape, though hypertrophied, and, of course, somewhat prolapsed. Three gall-stones were found impacted in the duct, with local peritonitis in the vicinity of the gall-bladder, but with no peritonitis in the lower portion of the abdomen or pelvis, and with no evidence of any uterine inflammation.



I quote a second case, the only fatal case resulting from the use of sponge-tents that I have seen in eleven years of practice with these tents.

CASE II. A lady, with a formidable anteversion, had been confined to her bed and couch for eight months. The uterus, by measure, was  $3\frac{3}{4}$  inches in its cavity, and enormously hypertrophied. No inflammation was present, and the uterus was insensitive. Three tents were used at intervals of from twenty to twenty-four hours. She was then allowed to rest for eight days, during which time she was able to walk about her room, to sit up almost the entire day, and to amuse herself with her needle, for the first time in eight months. I then examined critically, with Dr. McClelland's assistance, into the condition of the uterus. It was shortened three-quarters of an inch and RETROFLEXED, the curved tents having bent it back of its true position! I had not anticipated that a tent could convert an ante into a retroflexion; but the fact of its having done so, shows the power of the tents, these all having contained the spring. I now resumed the treatment, in order to reverse the uterine curve, and bring it to its normal position from that of retroflexion. I used two tents at intervals of twenty-four hours. She not only felt no inconvenience from the tents, but absolutely declared that she felt better after the insertion of each of them. About two hours after the removal of the last tent, she was seized with a pain in the vicinity of the left ovary. She ran rapidly into a metro-peritonitis, and died in three days. The post-mortem examination proved the cause to be intense metro-peritonitis, involving the region of the left ovary, the pelvic peritoneum, the entire left Fallopian tube, and the mucous lining of the body of the uterus. The neck was not involved. The uterus was in absolutely correct position.

Dr. C. H. Drake, of White Haven, Pa., used, at my suggestion, this style of treatment for a patient who had suffered—I quote his own words in a letter to me referring to this case—"for several years, uncontrollable vomiting, obstinate constipation, pain in the abdomen, and great progressive emaciation, so that some of her physicians had diagnosed gastric cancer. Uterine disease had been by them excluded from the list of her maladies. Upon introducing a probe into the womb, I found the body of that organ badly anteverted, and doubled upon its neck. This was in May, 1876. You saw her on the first of June, and advised the treatment by the curved tents. I commenced using the tents about the first of July. Each tent relieved her somewhat; the first tents used in July, however, were of simple curved sponge without the watch spring. After some half a dozen had been introduced, the womb began to right itself, and from that day she improved rapidly. Finally, I used a large tent containing two, instead of one, watch springs, subsequent to the use of

which the uterus resumed its normal shape, and was in proper position, and so it remains. Her weight about the time of your visit was 95 pounds; at this date (nine months after) it is 145 pounds. All her bad symptoms vanished like magic after the use of the last tent, and she is now enjoying perfect health."

When upon this subject a year ago, in my regular didactic course, a gentleman came up to me after my lecture and inquired if I were the author of a paper on this subject in the *American Journal* for January, 1876. Learning that I was, he told me that he had had a lady under treatment for two years with a bad anteversion when he read the article. He immediately sat down and made some tents, and used them as suggested. Although every form of treatment in this case had been exhausted without benefit, she now improved, and in six weeks she was well, and continued in good health nearly a year afterwards, when he reported the case to me. I greatly regret that I have mislaid this gentleman's address, but he was from the Great West, and he will recognize this description in place of a more formal acknowledgment.

Dr. Frank H. Getchell says of a case which is still under treatment: "I used the sponge-tents (improved) in a case of strong anteversion. There was but little hypertrophy and no tenderness. I kept the tents in about eighteen hours each. The womb is not straight, but it is improved, and the one menstruation she has had since the tents were used, was not attended with as much pain as before. No inconvenience was caused by the tents. I intend to repeat them."

Favorable cases might be multiplied would space permit, but I think that sufficient has been said to establish the fact that the improved sponge-tent furnishes a feasible and perfectly legitimate method of treating uterine flexions; and that, when judiciously employed, it is at least as free from danger as many of the simplest operations of surgery, and, finally, that it will relieve cases that are not amenable to ordinary forms of treatment.

A few explanations will enable any one to make these improved tents. The sponge should be elastic, and moderately close-grained; the Zimmoca sponge does very well. A cylinder, free from large cavities, is to be cut from the dry sponge, corresponding in length with the uterine cavity, and having in its long axis a gentle curve, similar to the natural bend in the uterus. The cylinder should be a little thicker than the thumb, but may be increased or diminished in proportion with the degree of dilatation desired. This must be thoroughly washed in water, and trimmed smooth with the scissors. A central opening is now made from one extremity almost to the other by means of a narrow-bladed knife, into which aperture is to be passed a piece of watch spring, about half an inch shorter than the tent, and having an opening drilled

through it about one-sixteenth of an inch from each of its extremities. These holes can be made by a watchmaker, without any trouble. After insertion, the spring is fastened by a silk ligature passed through both it and the sponge, the needle in its passage traversing obliquely the aperture in the spring, then carried around the cylinder—one-quarter of its circumference—and passed again through the sponge and spring; finally, the ligature is drawn tight, and tied at the point of entrance, burying it deep in the sponge. Instead of carrying the thread around on the outside of the cylinder, it may be passed under its surface by taking a stitch through the sponge, making a "subcutaneous" ligature. Transfixing the other end of the tent, and the second aperture in the spring by a stout needle, the spring is perfectly secured.

A very thick solution of gum arabic is required, in which the still moist tent must be thoroughly soaked. It is now to be taken out firmly wrapped, like thread on a spool, with strong twine, from one end to the other, and back again. The tent is now ready to be moulded into any desired curve. Having a sound bent to the shape of the uterine cavity, it is laid down upon a piece of wood, and its course indicated by several tacks. The sound is now replaced by the moist tent, which is allowed to remain until it dries, the position of the spring being indicated by the needle at its inferior extremity. The hard and dry tent is next taken out, and the twine removed. Its surface presenting a rough appearance from the indentations produced by the cord, it should be lightly smoothed with fine sand-paper, and the point somewhat bevelled; but the tent should *not* be made to gradually taper to a point—as most tents are—because it is next to impossible to retain such a wedge-shaped instrument in the uterus. The tent may now be rubbed with a little wax, and burnished with any hard substance; the handle of a pair of scissors answers very well. Finally, a string may be passed through the opening left by the needle in the lower end for convenience of extraction, and to secure the end of the spring in the centre of the sponge.

The first tent which is to be used in attempting to erect a flexed uterus, should be of small size; it should not contain a spring, because the elasticity of the spring will straighten to some degree the small tent, the bulk of the sponge not being sufficient to hold the spring down in its proper curve. For this observation I am especially indebted to Dr. C. McClelland, who has used these tents frequently under my supervision, as well as in his own practice.

As a general rule, tents of three curves will be all that will be found necessary for ordinary cases, and therefore a number may be manufactured at one time for future use. The shapes most used are a moderate curve, only a little more than the natural bend of the hand; secondly, a fish-hook

curve for extreme cases; and, thirdly, an intermediate one, which will probably be the most often required.—*College and Clin. Record.*

## CARBONATE OF AMMONIA IN RESPIRATORY DISEASES.

Dr. J. P. Thomas, of Kentucky, contributes a long and interesting article to the *Virginia Medical Monthly* for April, 1880, entitled "Carbonate of Ammonia in Diseases of the Respiratory System; and as a Special Prophylactic and Probable Remedy in Heart-Clot."

He prefaces the paper with the remark that it is to a considerable extent a reiteration and reaffirmation of statements made in an article published in 1876 on "The Pathology, Etiology, and Treatment of Pneumonia," with the added experience of four years with the use of the drug.

• The extraordinary success he has met with in administering carbonate of ammonia for bronchitis, pneumonia, whooping-cough, croup and diphtheria—to say nothing of its hypothetical action in cases of heart-clot—should induce every practitioner to make a fair trial of the drug in treating such disorders. Taking the ground that pneumonia, bronchitis, and membranous croup, are diseases of morbid origin, as much as any of the infectious diseases, reliance must be upon constitutional treatment; selecting a drug that will hasten elimination of the *materies morbi* without depletion. This he claims ammonium carbonate will do.

He says: "The action of the carbonate of ammonia upon the organism seems to be versatile, and its properties many. In diseases of the respiratory organs it always promotes expectoration of the mucous exudations in the bronchi, thus far aiding arterialization of the blood. It rarely fails to produce free diaphoresis, thus to some extent unloading the capillary circulation, especially of the lungs, and of course promoting elimination of the *materies morbi*. It also acts by depleting and yet assisting the heart in a conservative manner. It invariably lowers the pulse as soon as its action upon the skin is established, and thus it also combats the fever. Unlike alcohol, it prevents, instead of aids, the accumulation of carbonic acid, by promoting, in an eminent degree, oxygenation. It does what would be expected—renders the blood alkaline, even when on test it was decidedly acid before the administration of the ammonia. It probably prevents the formation of emboli by its diffusive stimulation of the circulation and its alkalinity. When persistently administered in full doses it undoubtedly does this, and consequently it must prevent the deposit of fibrin by its solvent powers, and hence limits hepatization in lung tissue. That it checks exudation is proven by the



rapidity with which it changes the color of the sputa in pneumonia.

He reports cases of membranous croup, where nothing but tracheotomy was supposed to be of any avail, being promptly relieved by frequent doses of this drug; also the suffocative stage of simple croup and cyanotic paroxysms occurring in children during acute capillary bronchitis. He has great faith in it as a solvent of fibrinous deposits, consequently a prophylactic of thrombosis and embolism.

Dr. Thomas cautions the profession against using an impure drug, as the *quality* is of great importance in assuring good results. He says nothing but a fresh crystalline article, free from efflorescence or loss of its water of crystallization should be used. To prevent deterioration it should be kept in well-ground stoppered bottles with a rubber or bladder covering, and each dose should be powdered immediately before using. He administers it in elm-mucilage. The dose for an adult is from ten to thirty grains every two hours. As in other drugs the idiosyncrasy of the patient must be regarded, but the larger the dose that the stomach will tolerate the better the results. In cases of cardiac complication he combines it with intermittent doses of digitalis. Where dyspnoea is distressing it should be given in smaller doses, oftener repeated. From two to three grains may be given to an infant from six to twelve months old. It may also be given per rectum when not tolerated by the stomach or when deglutition is difficult. In this way the dose for the adult is thirty to sixty grains, and for infants from five to six grains, and it is best given in elm-mucilage.—*Medical Tribune*.

#### PUNCTURE OF OBSCURE ABSCESS OF THE LIVER.

—Sir Joseph Fayrer (*Lancet*) quotes the following from Prof. W. S. Palmer, of Calcutta, who has had large experience in this affection:

"You have asked me to give a brief account of the results of treatment by puncture in cases of doubtful liver abscess which came under my treatment during the period of six years, in which I had medical charge of an average of about seventy patients in the European General Hospital, Calcutta.

Passing over cases of undoubted liver abscess, there was still a residuum of patients presenting doubtful symptoms in whom neither unsymmetrical enlargement nor superficial tumescence, etc., could be detected. Such patients presented symptoms varying in every degree. At the one extreme, cases of general cachexia, with irregular slight febrile attacks, would exhibit symptoms as frequently attributable to deranged stomach or bowels or lungs only, as to the liver itself; while at the other, slight general enlargement of the organ would be found associated with that peculiar form of 'tender-

ness' in which pressure over the organ produced an indescribable sensation, inducing either faintness, hurried respiration, palpitation, or nausea with retching, or all of these at once.

In all this large class of cases, it was my custom to plunge a long trocar and canula, of small diameter, into any or all parts of the liver, through a valvular opening, examining, on the spot, the small quantity of extracted matter for pus globules.

It was only in very exceptional cases that any signs of pus could be detected. When it was so detected, the puncture was generally followed by slight inflammatory action at the seat of puncture, which probably ended in adhesion of the organ to the parietes, and so facilitated the future opening of the abscess. When, on the other hand, no pus was found, a good deal of anxiety was felt in the earlier cases lest the puncture should be followed by any evil results. Such moments of anxiety soon ceased, however, to recur; for it very rarely happened that the patient did not express himself, the next day, as feeling much relieved, and in no case do I remember any bad consequences resulting from such punctures. The relief was frequently only temporary, in which case a second, a third, or a fourth puncture was made at intervals of eight or ten days. In some, however, one puncture sufficed to cure.—*St. Louis Clin. Record*.

ALCOHOL IN FEVER.—Dr. H. Macnaughton Jones gives in the *British Medical Journal*, of May 3, a brief recapitulation of the results of the use of alcohol in the treatment of fever, in his own practice, in the Fever Hospital, at Cork, Ireland, during the few years immediately preceeding 1879. In 1875 he published his experience up to that date, and the present paper includes the cases subsequently treated, and also includes those of earlier date as far back as Jan. 1873. The records show only those who received stimulants since January 1877, as the hospital wine book for previous dates was unfortunately lost. But the percentage was about the same as for the subsequent period, some 30 per cent. Previous to 1873 the cases are not taken, as it was at this date that he began to watch the effects of alcohol, and to be much more careful in its use. Unless we reproduce the tables bodily the best way to give an idea of his results is to simply state his conclusions. He considers alcohol a most valuable therapeutic agent in both typhus and typhoid fevers, but in a large percentage of cases it is not only not required, but its employment is apt to lead to complications. The indication for its use is to be found rather in the type than in the stage of the fever. In ordinary cases, the time to watch for the need of its administration is from the eighth to the twelfth day; early administration of alcohol as a rule is injudicious, even in old drinkers. In fact such are as likely to recover without stimu-

lants as with them. In Dr. Jones' experience alcohol has little effect in modifying the temperature of fever. He generally takes into consideration, in estimating as to the need of alcohol, the age of the patients, the condition of the heart, the pulse, the tongue, and the head symptoms. A feeble heart with irregular action, weakened first sound, a rapid and compressible pulse, tongue fairly moist, and absence of head symptoms, encourage him to use alcohol. He believes it to be a supporting food in typhoid states where assimilation is difficult, and other substances than alcohol as in brandy, and milk are rejected. Young patients as a rule do well without stimulants. The practices he deprecates in the use of alcohol are its administration in the early stages of fever, and persistence in its use and increase in the quantity administered, when the symptoms show that it does no good, or is even acting injuriously. The small percentage of only 30 of all the cases treated by him in the Fever Hospital indicates plainly that in his opinion it is not usually required.—*Chicago Med. Review.*

ESMARCH ON BLOODLESS OPERATIONS. — At the recent meeting of the Congress of German Surgeons (*Cbl. f. Chir.*, No. 20, 1880), Professor Esmarch returned to a discussion of his method of bloodless operations first brought before the Society seven years ago. This method is still condemned by many distinguished surgeons on account of the parenchymatous bleeding which sometimes ensues after removal of the constricting tube. Since many modifications of his method have been devised with a view to preventing this bleeding, which nevertheless have not attained that object, Esmarch has thought it desirable that he should himself describe his present method of operating, by which parenchymatous hemorrhage is entirely avoided. He describes his procedure in amputations, resections, and necrotomies. After the amputation has been performed bloodlessly, and before the constricting tube is removed, all the vessels are carefully tied, and the wound closed by catgut in a furrier's stitch. Drainage-tubes are placed in position, a permanent compressing dressing is applied, and the stump secured in a vertical position; not until these preliminaries have been attended to is the compression tube loosened. The patient being put to bed, the stump is retained in a vertical position for half an hour longer. In twelve amputations performed with these precautions, nine of which were in the lower part of the thigh, no hemorrhage occurred, and in most of them the first dressing remained in place until the fourteenth day. When removed at the end of that period, only a thin linear scar remained.

The procedure in resections is essentially the same. In fifty-six cases no death occurred, nor even hemorrhage. In thirty-three cases the continuous dressing was employed, being usually kept on three or four weeks.

In one hundred and forty-eight necrotomies treated in the manner described, the dressing had to be removed in six cases on account of hemorrhage. Small patches of gangrene of the skin also appeared in some cases. Since Easter, 1879, Esmarch has given up the use of tampons after removing sequestra, substituting the sewing up of the skin over the cavity after careful disinfection, and the introduction of a drainage-tube, the compressing gum tube being kept in place till all is completed. In twelve cases thus treated no hemorrhage followed, the wound remained aseptic, and indeed in several cases healed by first intention.

Finally, Esmarch has obtained equally good results by similar procedure in other operations, as removal of tumors, although in some localities, as about the shoulder and hip, bloodlessness is difficult to attain.

In the discussion following the reading of this paper, a number of distinguished surgeons expressed themselves as to the high value of Esmarch's procedure. With regard to the use of hot-water irrigation considerable diversity of opinion existed: some surgeons had found it to answer all expectations, while in the hands of others it appeared to have failed entirely.

#### HEADACHE—PATHOLOGY AND TREATMENT.—

Dr. Day, in a clinical lecture delivered at the Samaritan Hospital, considers the various forms of headache, and their appropriate methods of treatment. Headache occurs in cases of anæmia and in hyperæmia. In headache from cerebral anæmia the pain is referred to the top of the head, which often feels hot and burning; while in headache from hyperæmia the pain is frontal, throbbing and bursting. Dr. Day further distinguishes in headache common to both sexes of sympathetic variety due to some eccentric cause of irritation; nervous headache, caused by temporary derangement of the nervous centres; and neuralgic headache. Headache also arises from menorrhagia and from the action of poisoned blood upon the nerve centres; organic headache is brought about by morbid changes within the skull. Headaches are of frequent occurrence in children, and, if persistent, are very significant, and should invite more serious attention than a similar disorder in the adult. As to the treatment of headache, Dr. Day advises as a preliminary step a diligent search after the cause of the disorder, which, when found, should be removed as speedily as possible. The remedies to be used are tonic or calnative as the case may require. If the brain be over-excited, bromides of potassium and ammonium, chloral hydrate and morphia as a hypodermic injection or in other form, may be used. The morphia combined with an infinitesimal dose of atropia, and used with care, has been found to be an invaluable remedy, even in cases of organic disease. In



nervous headaches a stimulating emetic of sulphate of zinc, mustard or ipecacuanha, will act like magic, as will also a mustard-leaf at the back of the neck, the feet and legs being put at the same time into hot water. In the neuralgic variety tonics are serviceable, especially cod-liver oil, phosphorus, quinine and arsenic. The local application of aconitine ointment is serviceable in that form known as brow-ague. As a general treatment it is recommended to elevate the head at night, and to make use of a hard pillow. The first principle to inculcate is rest.—*British Med. Journal.*

**SUGGESTIONS FOR PROFESSIONAL SUCCESS.**—The *Med. & Surg. Reporter* Phila. gives the following: The question was put to us from several quarters, not long since, How is a young graduate to succeed in practice? What are the points he should observe, to make a good living by his profession? We promised a reply to the inquiry, and now present it. It contains no secret and certain plan, no unknown artifice; it is simply a digest of our observations of the modes of successful practitioners.

In the first place, a doctor, to succeed, must *know his business*. It is just as essential to him as to a carpenter or shoemaker. Bunglers and botchers cannot deceive for any long time. We often hear it stated that ignorant doctors often get large practices, but we are convinced that nowadays this is not the case. The physician now should not only have a thorough training in a medical college, and a certain amount of hospital experience, but he should constantly keep up his medical professional studies, by the attentive perusal of new books and journals. This we lay down as the corner stone of his success.

Secondly, he should *attend to his business*. The old advice is still good: "If you don't keep your office, your office won't keep you." Not only must he stick to his office, and be always ready for calls, but he must be attentive to every case he undertakes. While many people are suspicious, if a doctor calls often, that he is running up a bill, all these and many others are quickly resentful if they think they have been neglected or forgotten. Nor do they like it at all, if what has been said or done at one visit is not remembered at a subsequent one.

Next in order of attention are *personal manners and habits*. No man can expect practice in the better class of families who neglects his personal appearance, whose clothes are soiled or seedy, whose breath smells of tobacco, beer and onions, whose hands are unwashed and the nails in mourning. It is needless to say that he must be temperate and of good repute; but it is not at all necessary that he should be a hypocrite, or use a church as an advertising agency.

He must be *stationary*. The place he settles in should be chosen after full consideration; and once settled, he should, unless the very strongest motives arise to dictate another course, determine to remain there in spite of opposition and ill success. Many men become discouraged after a few years of effort in one location, and thus move from spot to spot through their whole lives, never building up a good practice anywhere. It is certain they never can do so unless they settle fixedly and doggedly in one place.

He should make *fair charges*. Nothing is gained in the long run, by charging excessively when a chance is offered, as against the estate of a decedent, for example; nor, on the other hand, does it pay to attend a lot of poor families for a very low figure. It is better to demand a fair customary fee from the poorer class, and, of course, a higher, but not an extravagantly high one, from the wealthy. In the long run this pays better.

*Books of account* should be kept with entire accuracy. The visits should be entered the day they are made. All the items of a bill should be verifiable at a moment's notice. The books should be balanced frequently, and old and dead accounts charged off.

A very essential point is *collection*. Some doctors rather pride themselves on being indifferent collectors. Their example is to be avoided. Bills should be promptly sent in when due, with a polite note calling attention to them. In family practice in this city this is usually done on the first days of January and July. This is none too often. Once a quarter were better, or even monthly. The nearer the business can be made to approach a cash one, the better.

If the bills are not responded to within thirty days it is proper to write again, or to call personally. In doubtful cases no delicacy need be used, and a certain degree of urgency is perfectly proper. Still, we should not advise such determined collection as that we knew practiced by a down country doctor, who carried away for his fee a poor woman's cook stove. She made such a fuss about it that the village grew uncomfortable for him, and he was obliged to leave.

It rarely pays to sue for a bill, even when the debtor is a "deat beat," that is, a man able but not willing to pay. The bill and costs may, indeed, be collected, but, in country districts especially, the suit is apt to make an unfavorable impression on the community.

While it is important for a physician to live in comfortable style, ostentation and excessive personal or family expenditures are no advantage. In the larger cities there is a great deal of rivalry in display. Liveried drivers, fancy turnouts, costly houses, etc., are quite a rage among Philadelphia and New York physicians; and in less obtrusive forms the same foolish vanity is seen in less popu-

ous centres. This is derogatory to a learned profession, and of doubtful value as a business advertisement (which it is intended to be).

It repays a physician to be on good terms with his professional neighbors. He need not be intimate; it is better not; but it is better to overlook and pass by a great deal of annoyance than to fall into open enmity.

As to the numerous Bob Sawyer artifices to impress the public and catch practice, it has not been our observation that they amount to much as business moves. Some are pretty sure to be detected, and their exposure is ridiculous. Nor does the grasping for patients by covert misrepresentations of other physicians pay, in the long run. The most successful men, in a money point of view, we have personally known, did not resort to such measures. As a matter of policy, we doubt their value.

**TREATMENT OF EPILEPSY.**—The *Louisville Med. News* gives the following extracts from a clinical lecture of Prof. E. C. Seguin, M. D., in the *Phila. Med. Times*):

Brown-Séquard has shown that counter-irritation at the seat of the aura is often of the greatest benefit in addition to them. This serves to transmit to the seat of disease in the encephalon a sensation which may counteract the one proceeding from the latter. Blisters, setons, and the tourniquet or other species of ligature are the forms of counter-irritation employed. The aura acts as a flag or signal to show us the location of the trouble in the brain, and it often enables us to designate this with considerable exactness. It is supposed by the public (and by a large number of the profession) to be the starting-point of the epileptic seizure; the truth is the irritation starts in the brain, at the seat of the lesion present, and travels along some sensory tract to the point where the fibres constituting the latter terminate in the periphery. I therefore prescribe frequent blistering of the groin. The blisters employed should be small (say as large as the end of the finger), and should be repeated every second or third day.

The eruption of acne is looked upon by the patient and friends as a very important sign of bromism, but not by the physician. It is really due to some peculiarity of the individual when it occurs, and varies very greatly in severity and in location in different patients. The shoulders, neck, and face are more apt to be effected. In some cases the acne becomes troublesome long before doses sufficiently large to control the epilepsy are reached; but the gentleman who is taking one hundred and sixty grains of bromides a day scarcely suffers at all from it. More serious effects of bromism are those such as paresis and impairment of intellect; but it is never necessary to push the remedies to this excess. It is very

seldom that morbid bromism is produced if proper caution is observed.

The time necessary to continue the drugs is still under discussion. Some authorities are content with one year. I hold that the patient should not give up their use until he has been three years without any epileptiform manifestation, however slight. Brown-Séquard and Voisin place the limit at three to five years.

The time in the day for the administration of the bromides is an important factor in success in treatment. For a time I followed Brown-Séquard in his practice of giving the greater part of the necessary quantity at bedtime, because in the immense majority of instances the attacks occurred between bedtime and 8 and 9 a.m. My plan is now to give the greatest amount just before the time that the attacks are wont to occur. It is best to give it on an empty stomach, and I think we are much less likely to have acne produced if we use alkaline instead of simple water for our mixture. I employ Vichy with those who can afford it, and a solution of bicarbonate of sodium among the poor.

In conclusion, I will mention the manner of giving the bromides in different cases, it being understood that the patient in each instance is an adult:

1. When the attacks occur at night or early in the morning we might give one teaspoonful of the mixture before each meal, and then at bedtime.
2. When the attacks vary as to time we might give two teaspoonfuls in the morning, one before supper, and two or three at bedtime.
3. When the attacks are more liable to occur in the daytime we might give three or four teaspoonfuls in the morning, one before supper, and two or three at bedtime.
4. In the nocturnal form we would give three or four teaspoonfuls at one dose, either at bedtime or early in the evening. The gentleman who is using one hundred and sixty grains of bromides a day takes six teaspoonfuls in the morning and five at night.

**OBITUARY.**—In the recent death of Mr. S. Messenger Bradley, at the early age of 39, the medical profession of England has lost one of its prominent members and a man of uncommonly versatile talent. Mr. Bradley was perhaps best known in this country as the editor of the *Liverpool and Manchester Medical and Surgical Reports*, although known also as the author of a large number of works and papers on medical subjects, the latest of which, "On the Injuries and Diseases of the Lymphatic System," had only recently been published. He was a popular lecturer, and was also something of an artist, besides possessing social qualities of a high order.



# THE CANADA LANCET.

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## DRINKABLE SEWAGE.

The *Medical Press and Circular* states that "The guardians" (!!!) "of the Newcastle west Union, in the county of Limerick, have been informed by Dr. Cameron, the county analyst of their district, that the water which is consumed by the population of Newcastle west is nothing better than sewage slightly diluted."

Can any of our readers inform us how many of our Toronto City Fathers have studied sanitary science in the hygienic college of the West Union of the county of Limerick? If we might judge from the apathy so long evinced by this erudite body, as to the potable quality of the diluted sewage furnished by the water service of this city, we should be tempted to conclude that a considerable majority of the venerable agglomeration must have left their alma mater with first class honours. It would be a very interesting hydrostatic calculation to determine the degree of dilution which the sewage of this city, loaded with all the putrescent excreta of 70,000 human beings, copiously supplemented by those of an equal number of quadruped, bipedal and other dirt elaborators, undergoes in the big currentless pond, enphemistically styled "*the lovely bay of Toronto*." Assuredly no disciple of Hahnemann would admit the polysynthetic liquid into the materia medica of Homeopathy. There must be, in every half pint of the beverage, as full a dose of the potent drugs prescribed by the infinitesimalists, as the faithful followers of the Prophet of Leipsic could ever venture on; with, however, this material advantage, or the contrary, as the case may be, that a conflicting array of an-

tagonising potencies may, by internecine discord, enact the role of the Kilkenny cats, and thus bring the therapeutic virtue of the mixture down to zero. Were this the sole matter calling for the paternal consideration of the "potent, grave, and reverend" guardians, who cultivate Limerick West Union sanitation in our Boeotian metropolis, we might ignore the oversight; but who can imagine the multifarious chemical combinations and decompositions perpetually going on in our huge trough, into which are continually flowing saturated solutions of hydro-sulphurets, chlorides, phosphurets, and the whole family of excretory abominations? *Quousque tandem, O, patres nondescripti*, will it be your benign pleasure to persist in your West Limerick sewage dilution? Your late talented engineer furnished your predecessors with plans and specifications of a front trunk sewer, which would intercept, and carry away to a safe distance, the impurities which you now constrain us to swallow in indefinable quantities; but which of you has ever bestowed an hour's thought on this all important subject? It would be very unjust to, at least, a respectable minority of your body, to suggest that the subject is beyond your capacity or your intelligence; yet we should be rejoiced to have it in our power to record the fact, that some of the truly patriotic and humane of your number had ever made himself heard in advocacy of so vital an improvement. It cannot be unknown to you that the entire body of the medical profession are in accord in deprecation of the death-dealing evil. You cannot be so utterly obtuse as to suppose that they are actuated by selfish motives in this harmonious protest. Your common sense and daily experience must convince you of the very contrary, for no larger contribution can you make to the financial benefits of city physicians, than by persistence in your present indifference to the sanitary well-being of your constituents. Your predecessors have been profusely liberal in the voting of bonuses to railways, or as we once heard a very shrewd man of business in that line, qualify these undertakings, in the patronage of conservatories and green-houses. Do, then, dear fathers, descend a peg or two from your lofty perch, and try whether you cannot agree on some rational and efficient plan of redeeming our bay from its present degradation, and your poisoned fellow-citizens from the hideous necessity of drinking diluted city sewage.

## RECTAL ALIMENTATION.

The absorbent power of the mucous membrane of the lower intestine has long been recognized both in the use of nutrients and medicines, but recently a fresh impulse has been given to this mode of treatment by articles which have appeared from time to time in the medical press. Although the rectum is inferior to the stomach as an absorbing surface, yet its power of appropriation and absorption is of great importance when from any cause the stomach is unable to perform its ordinary function. Medicines of a decidedly unpalatable nature such as turpentine, asafoetida, &c., are not unfrequently administered by the rectum, and especially so when there is any marked degree of irritability of the stomach, and such remedies have been found to produce the desired result almost as effectively as when administered in the ordinary way. Notwithstanding these facts the subject of rectal alimentation and medication has up to the present time been considered a matter of merely secondary importance, and in many instances overlooked or neglected altogether. In the recent discussion on this subject, such as occurred in the New York Academy of Medicine last year, most valuable information in regard to rectal alimentation in its general application was elicited. In a paper by Dr. Austin Flint will be found a large number of cases in which the efficiency of this method was shown, leading to the assumption that "life may be sustained indefinitely solely by rectal introduction of aliments." Nutrition was maintained in a number of patients from three weeks to five years, the majority of them by rectal alimentation alone. In the present day the antiphlogistic treatment is almost obsolete. Most, if not all diseases, are being treated by the supporting plan; even in surgery the value of generous alimentation is fully recognized, and was ably advocated by Prof. Hamilton of New York a short time ago. The principle being established, it remains therefore only to show how the object can be best attained. Of course the most natural means, if adequate, is always the best, but if from any irremovable cause the function of the stomach is practically suspended, rectal alimentation is clearly indicated. The materials usually employed are milk, raw eggs, animal broths, &c., but since the publication of Prof. Leube's paper on rectal alimentation in 1872,

the preparation he recommended has come largely into use, viz.: muscle of beef partly digested by an artificial process, and brought to a sufficiently fluid condition to be administered by means of a syringe. Quite recently desiccated blood has been brought under the notice of the profession as a new article for rectal alimentation. Some years ago the drinking of bullocks' blood at the abattoirs in New York and other places was indulged in as a cure for consumption and other wasting diseases, and not without benefit to the patients, but naturally enough it was disgusting to most persons. Transfusion has also had its day, and now we have the much more rational, agreeable, and practical method of introducing blood into the system by the rectum, suggested to us. This new method of treatment is no doubt worthy of trial, and the pharmaceutical chemists, especially Parke, Davis & Co., of Detroit, are prepared to supply it to the profession. The blood is first defibrinated, which does not destroy its nutritive properties, and afterwards dried with the greatest care. Blood thus prepared and dried is completely soluble in water below the temperature of 160°F., and contains all the elements of blood except water and fibrin. When required for use, it is dissolved in water in the proportion of one drachm of the powder to one ounce of water. The dose is from four to six drachms, which may be given at once or in divided doses during the day, as circumstances seem to require.

## MEDICAL EDUCATION IN VIENNA.

In a recently received number of the Buenos Aires *Revista Médico-Quirúrgica*, we have read a letter from Dr. J. Sherrar, addressed to the editor, under date, Vienna, 10th February, 1880, from which we extract, as of interest to young Canadian aspirants to medical fame, the following paragraph:

"Having arrived in this city on the 6th of November, I entered the General Hospital, situated in Alsens street, (formerly a suburb, but to-day a distinct ward). The hospital is an immense establishment, occupying an area of not less than 40,000 square yards (4 manzanas) of which a fifth part is covered with buildings, and the rest by gardens and courts. The capacity of the hospital is equal to 2000 beds, including those of the Maternity. "According to the programme of lectures of the past week, there are no less than 20 ordinary professors, 22 extraordinary professors, 55 docents



and 12 assistants, who there, and in the Anatomico-Pathologic Institute annexed, have the education in charge. "On every day of the week, except Saturdays and Sundays, from 8 till 10 in the morning, the celebrated medical interesting clinics are given by Professors Billroth and Dumreicher, in which, the antiseptic method of *Lister* is strictly observed, both in the operations and the treatment; from 12 till 2 the gynecological clinics take place, and the clinic of obstetrics, (surprising for its rich material,) by professors Carlos Braun, Fernwald, and José Spath. In each of these three about 3000 births annually occur, and of course a corresponding share of operative cases."

From the preceding brief details we may reasonably conclude, that if medical science is not in a flourishing state in Austria, the misfortune cannot be ascribed to paucity of numbers in the teaching staff, nor to sparseness of beds in the hospital wards. We have all, however, heard of the enterprising youth, with a new knife, who went into the wood in search of a straight stick, and came out with a crooked one. Just so, we opine, may it happen with the wandering student who runs his eye over the Vienna Hospital programme and falls into perplexity over that catalogue of 109 teachers and semi-teachers, who dispense orthodox medical and surgical science, in the omnivorous *Annexe* of that omnium-gatherum. If we might venture on a trifle of advice to such of our young compatriots as, having plenty of money to expend and plenty of time to kill, feel a strong appetite for seeing the elephant, we would say, do not start before you have made good use of your home opportunities.

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#### TANNER'S FAST.

The sensation occasioned by "Dr." Tanner's fast has nearly died out already, and will soon be quite forgotten. It was at best only a foolish procedure, and was conducted in such a way as not to be of any real value to science. Even if properly conducted, it is doubtful if any scientific facts of real practical value would have been evolved, as nothing was likely to be added to what was known before of the effects of prolonged abstinence from food. There is no doubt also, that Dr. Tanner's case is an exception to the general rule; this was further shown to be so in regard to his gormandizing after the long fast, without disturbance of the stomach, and also by his rapid

power of recuperation. It is not possible that he could have held out much longer, as his blood, showed under the microscope, at the end of the fast, evidence of rapid disintegration. The red corpuscles were irregular, shrunken, and presented so-called fungoid growths upon their surface. The white corpuscles remained smooth, but were relatively increased to about 1 to 100 red. Within 24 hours after food was taken, the fungoid spores began to disappear, and in three or four days the blood became normal.

A French writer, in commenting on the fast, says, "This prodigious fast will not fill the stomachs of the starving. There is no need to make such experiments; the wretched make them every winter. Dr. Tanner has done the poor a great deal of harm. The familiar appeal, 'My God, sir, pity me; I've eaten nothing for two days,' will never more have any effect on us."

We were not a little surprised at the publicity which certain medical men in New York, notably Drs. Hammond and Sims, seemed anxious to achieve in connection with this foolish business.

**THERMOMETRIC BUREAU.**—The inaccuracies of thermometers in use by physicians are considerably greater than is commonly supposed. Many clinical thermometers, from the imperfect manner of verification adopted by manufacturers, are of little value in indicating the temperature of a patient. Manufacturers use for standards of comparison, some thermometers in their own hands, or one compared at some foreign observatory, and hence there is no recognized standard. To meet this want, a Thermometric Bureau has been established at Yale College, New Haven, Conn., in order to afford facilities for the adequate verification of thermometers. A certificate will be issued with thermometers so compared, giving the corrections to be applied at intervals of 5 or 10 degrees of the scale, as compared with the standard. Thermometers sent should have a name and number engraved upon them, and be carefully packed in two boxes, one inside the other, and the space filled with cotton wool. A charge of fifty cents is made for the service.

**RÖTHELN OR GERMAN MEASLES.**—Just now a good deal of discussion is going on relative to the diagnosis and identity of Rötheln or German

measles. A recent writer in the *British Medical Journal* draws the following contrast between it and measles:—1. The rash is more vivid and in smaller patches, the patches not being markedly crescentic; 2. There is no coryza nor cough; 3. There are sore throat and strawberry tongue. From scarlet fever the points of diagnosis are these:—1. The rash is in patches and less red; 2. Neither tonsils nor cervical glands are much affected; 3. The temperature rarely exceeds 102 Fahr.; 4. The illness is of short duration (rarely lasting a week) and mild; 5. The patient does not infect others with scarlet fever, and there is no albumen in the urine. Desquamation often occurs about the fifth or sixth day, and is sometimes profuse. It is worthy of remark that patients suffering from this disease never communicate either scarlet fever or measles to any one else.

CLIMATE AND DISEASE.—In the *National Board of Health Bulletin* for July 17th, there is a paper by Prof. Cleveland Abbe, on the above subject. He very properly points out the errors into which many investigators have fallen, illustrating the most common by quoting from a well-known author, (Dr. Fox, of London). The principal difficulty appears to have been that statisticians have limited themselves in their discussions to the collection of meteorological data and vital statistics. They endeavour to show a connexion between the weather during certain seasons, or during certain periods, and the variations in the death rate, from special causes. This is what we have contended against throughout. The only method of ascertaining the influence of the weather on health, is to show how the *changes* in the weather effect health. Prof. Abbe appears to have overlooked the fact that very little, if anything, can be learned from the death rate from any special disease, however accurate it may be. We must show the various changes in the health of the people, by noting the inception, progress and termination of diseases, and then see how the changes in the weather effect health. We hope the time is not far distant when we shall be able to obtain the information needed. This will come within the province of the proposed Board of Health.

PAUL BROCA.—This eminent pathologist, anthropologist and surgeon, died in Paris on the 11th ult., at the early age of 56 years. He was one of

the most popular professors in the faculty of Paris. Students at the "Clinique de la Faculte," will long remember his clear, terse style and pleasant manners. He was very fond of anecdote, one of which he used to relate was of an incident which happened to him in Seville. Wishing to be shaved, he went to a barber to whom he was known, and after the operation was finished, the barber declined to accept any pay on the ground that confrères should not accept fees of one another. (The barbers in Spain still bleed.)

M. Broca is principally known by his "Atlas of Descriptive Anatomy," his work on "Splanchnology," treatises on "Aneurisms and Tumors." He did good work in his researches on the structure of the stomach, liver and spleen. In anthropology, he published a curious work on the "Relative Weight of French and German Brains." He did not find any decided predominance in German cerebri. Another was on the "Capacity of Parisian Skulls at Different Periods." Thirty years ago, the great Malgaigne said of him "There is the most brilliant of the young surgeons of France." How fully has this high opinion been justified. He was elected a Senator in February last. He divided the honor of having been born with two incisor teeth with Louis XIV., and Mirabeau.

CANADIAN MEDICAL ASSOCIATION.—We have been requested to state that our medical confreres in Ottawa have made every preparation for a large meeting of the Canada Medical Association, to be held on the 1st of September. They have secured rooms in the Parliament buildings, so that the work of the association can be carried on in sections, thus allowing plenty of time for the reading and discussion of papers. There is ample hotel accommodation—the four principal houses being the "Russell," "Union," "Royal Exchange," and "Windsor." The usual arrangements have been made with the different railway and boat companies for reduced fare. Local Secretaries, Dr. H. P. Wright, Ottawa, Dr. Ross, Montreal, Dr. Wickwire, Halifax; Dr. Allison, St. John; Dr. David, Montreal, General Secretary.

BOGUS DIPLOMAS.—A friend was kind enough to send us a copy of the *Philadelphia Record* for July 17, in which we find a list of Buchanan's graduates for twenty-two years. Among them are



some Canadian M. D.'s, &c., that we scarcely expected to find in such company. The list of graduates includes over 1500 names. A list of Paine's graduates of the Philadelphia University of Medicine and Surgery is also given, containing about 600 names and among them also we regret to find some Canadians again figuring as recipients of purchased honors. The chief sinner, Dr. Buchanan, has saved the State a great deal of trouble and expense by jumping off the ferry-boat and drowning himself.

**NEWSPAPER PUFFING.**—This pastime seems still to be the favorite one with some of our rural confreres. We have recently received several letters and newspapers drawing our attention to most flagrant cases. Some of these transgressors are so pachydermatous that it does not seem possible to make any impression upon them by ordinary means, and therefore we will have to devise some new method of treatment.

**OLEATE OF LEAD IN ECZEMA.**—The treatment of eczema is often a matter of no inconsiderable difficulty, and we are glad to welcome any means which promises to help us in dealing with it. Oleate of lead has lately been very successfully used for this purpose. The formula is—Oleate of lead, 24 parts, paraffin oil, 14 parts. Oleate of lead is made by heating a mixture of oleic acid and oxide of lead.

**COLLEGE OF PHYSICIANS AND SURGEONS, QUE.**—The semi-annual meeting of the Board of Governors will be held on Wednesday the 29th Sept., at 10 a.m., in the Laval University, Quebec. Candidates for examination or for license must send their papers, accompanied with the fee, \$20, ten days previous to the meeting, to Dr. Belleau, Sec., Quebec, or Dr. David, Montreal.

The preliminary examination for admission to the study of medicine will be held on Thursday the 23rd Sept., commencing at 10 a.m., in Laval University, Quebec. The fee, \$10, must be sent in to either of the above mentioned secretaries ten days previous to the examination.

**AMERICAN DERMATOLOGICAL ASSOCIATION.**—The Fourth Annual Meeting of the American Dermatological Association will be held at Newport, R. I., on the 31st of August, and the 1st and

2nd of September, 1880. Papers will be read on various diseases of the skin, by Drs. Heitzmann, Hardaway, Van Harlingen, Hyde, Taylor, Bulkley, Atkinson, Duhring, Greenough, and J. E. Graham, of Toronto.

**INTERNATIONAL CONGRESS.**—Dr. Allen, of Lansing, Mich., has been requested by Prof. Hyacinthe Pacchiotti to announce in the American journals, that the International Congress of Hygiene will be held in Turin, from the 6th to the 12th of September, 1880. The king, ministers, mayor, prefect, and all the officials will take part; the Minister of Foreign Affairs invites all foreign governments to send delegates; a reduction of 30 per cent. on the railway fares is also announced.

**CHIAN TURPENTINE IN CANCER.**—This remedy first recommended by Dr. Clay of Birmingham, has been in use for some time past in Great Britain and the Continent in the treatment of cancer, especially of the female generative organs, and has been attended with very beneficial results. It is prepared for administration as follows: Dissolve one quarter of an ounce of chian turpentine in half an ounce of sulphuric ether (anæsthetic), then add solution of tragacanth four ounces, syrup one ounce, flowers of sulphur 40 grains, and water to 16 ounces. Dose, two tablespoonfuls three times a day. A lotion containing six grains of arsenious acid to a pint of water may also be used locally at the same time.

**PERSONAL.**—Dr. Burke, of Stanstead, Que., was recently presented with a silver tea-service by his patients and friends, on the occasion of the tenth anniversary of his marriage. We congratulate the Dr. on this public recognition by his clients and friends.

**AN OPENING.**—Dr. H. B. Evans is leaving Kingston, Ont., for his old stand, in Picton, and is willing to give the succession to his practice to an eligible gentleman free.

Prof. Virchow, of Berlin, has been elected by a large majority to represent that city in the German Parliament.

Report of the proceedings of the English Medical Council received, but unavoidably held over until October issue.



**REMOVAL OF THE UTERUS PER VAGINAM.**—Prof. L. C. Lane of the medical college of the Pacific, San Francisco, has successfully performed his second case of enucleation of the uterus per vaginam. The case is reported in the *Pacific Med. Journal* for April, 1880. The operation was performed as follows: The uterus was drawn down and an opening made in the fold of Douglas, through which a pair of forceps was passed to grasp and bring down the fundus, causing the uterus to revolve on its transverse axis, so that the Fallopian tubes and accompanying arteries became accessible and readily ligated. The organ was then detached from the bladder in front, and removed. The cavity was washed out with a one per cent. lotion of carbolic acid, and a tampon of lint, saturated with four per cent carbolized linseed oil introduced. The patient made an excellent recovery.

**CARDIAC HYPERTROPHY AND RENAL DISEASE.**—It is a well-known fact that hypertrophy of the heart and renal disease are frequently associated, but it has never yet been shown what was the precise nature of the inter-relations between these pathological conditions. Dr. Saundby (*Birmingham Med. Review*, Jan. '80), has recently given the profession his conclusions after careful examination of the subject. He regards the "cardiac hypertrophy as directly dependent on the state of the blood, and that in chronic Bright's disease the augmentation of the cardiac function is compensatory to the renal defect—hence the propriety of administering digitalis in these cases."

**EPISTAXIS.**—The surgical treatment of epistaxis is of importance on account of the frequency of this form of hemorrhage, and the difficulty sometimes experienced in arresting it. Spraying the nasal cavity with equal parts of water and liq. ferri perchlor. is said to answer very well. A plug of lint steeped in turpentine and passed into the nostril by a pair of dressing forceps sometimes arrests the bleeding instantly.

**CHLORIDE OF CALCIUM IN PHTHISIS.**—Dr. Jas. Sawyer, of Birmingham, Eng., draws attention to the value of chloride of calcium in phthisis. He has used it for some years in hospital and private practice, and believes it is highly useful. He gives ten grains dissolved in a drachm of water with a drachm of glycerine in a wineglassful of milk, twice

daily, immediately after meals. He thinks it tends to check night sweats, increase the weight and heal pulmonary lesions. It is at all events worthy of a trial.

**TREATMENT OF GOITRE.**—Dr. Stevens, of Dunham, Que., claims to have cured seven cases of goitre by the administration of chloride of ammonium. Six of the patients were girls under twenty years of age and the seventh a married woman forty years old. He combines it with no other medicine nor any special hygienic treatment. The dose used in all the cases was ten grains three times a day, the tumors entirely disappearing after about three months' treatment.

**APPOINTMENTS.**—Dr. Simpson has been appointed Prof. of Hygiene in Bishop's Medical College, Montreal.

A MEDICAL SOCIETY has recently been formed in Kingston, Ont.

**CORONER.**—Dr. R. B. Orr, of Maple, has been appointed Associate Coroner for the Co. of York.

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## Reports of Societies.

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### ONTARIO COUNCIL EXECUTIVE COMMITTEE.

A meeting of the Executive Committee of the Ontario Medical Council was held on the 17th of July, to make arrangement to meet the necessary expenses of the Council then in session. All the members were present, viz.: Drs Allison, Bergin, McDonald, Burns, Edwards and Husband. Arrangements of a satisfactory character having been made, the Committee adjourned.

August 3rd. The Executive Committee met at 2 p.m., all the members being present. The minutes of the last meeting were read and confirmed. Several communications were read upon subjects of various kinds, such as accepting some other matriculation in lieu of that adopted by the Council, monies due the Council, applications for leave to practice, etc. It was resolved to postpone the consideration of all communications from applicants for protection, until the report of the Educational Committee of the Council was before them. After full consideration of the case, Dr. Thrall's name was ordered to be placed on the register. Another application for registration was refused, on account of the claim of the applicant.

not being made good. Mrs. Elizabeth Gress having presented a diploma in midwifery from the University of Strasbourg, was granted protection while acting as midwife, until the next meeting of the Council.

The funds of the Council having been used in payment of the college building, steps were taken to raise \$6,000, which was arranged satisfactorily, the rate of interest being  $6\frac{1}{2}$  per cent. per annum. In the matter of appointing Detective Smith to collect monies due the Council, it was agreed to prepare the necessary bonds, fixing the securities required at \$5,000, himself in \$1,000, and two other sureties in \$2,000 each. A copy of a circular to be issued by the registrar, in regard to arrearages, changes of residence, etc., was read and approved.

The Treasurer was instructed to pay the members of the Executive Committee in full at the close of each meeting. The use of a small room in the College building was granted to Detective Smith, after which the Committee adjourned.

August 17th. The Committee met at 2 p.m., Drs. Allison and Edwards absent. The opinion of the Council's solicitors, stating the illegality of the appointment of any salaried officer apart from the Registrar, to collect the annual dues, was read.

Detective Smith was appointed medical prosecutor for the Council, on condition of his guaranteeing convictions for practicing illegally to the amount of his salary, and presenting certificates from convicting magistrates as to such fines having been levied.

A resolution was adopted, requiring the Registrar to proceed to collect all annual fees now due. The report of the Educational Committee of the Council was presented and read. The printing of the new Annual Announcement was ordered to be tendered for, and a sub-committee was appointed to look after the publication. The Committee then adjourned.

#### HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Clinton, on Tuesday, July 6th, Dr. McLean of Goderich, president, in the chair. The following members were present: Drs. McLean, Sloan, Worthington, Bethune, McDonald, Holmes, Graham, McDiarmid, Campbell, Hurlburt and Stewart. Dr. McDonald of Wing-

ham, read a very instructive paper on the "Pathology and Treatment of Puerperal Fever."

Dr. Worthington, showed a patient, aged 36, who is suffering from double aortic disease and "lightning pains" of a periodic character, starting in the region of the 9th and 10th dorsal vertebræ and extending forwards and accompanied by a feeling of great constriction. There are no other symptoms indicative of any spinal disease. Co-ordination, skin and tendon reflexes all normal.

Drs. Stewart and Hurlburt showed one of Neubers' decalcified bone drainage tubes which was used in a case of amputation of the leg. It served its purposes well. They also exhibited Lister's complete apparatus for carrying out antiseptic operations.

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### Books and Pamphlets.

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A SYSTEM OF MEDICINE—Edited by J. Russell Reynolds, M.D., F.R.S., with numerous additions and illustrations by Henry Hartshorne, M. D. In three volumes; vol. 3, Diseases of the Digestive, Blood-Glandular, Urinary, Reproductive and Cutaneous systems. Philadelphia: H. C. Lea's Sons & Co. Montreal: Dawson Bros. Price of entire three volumes \$15.

We have already noticed the first two volumes of this important and valuable work, and have only to add here that the third volume bears out the high character of the work as a whole, and fulfils the just expectations of the profession. We cordially recommend it. It is published at a price within the reach of nearly every practitioner, and no one should be without it who can afford it.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS—FEMALE PELVIC ORGANS, by Dr. Savage. Thirty-two plates and twenty-two wood engravings, with special illustrations of operations for Vesico Vaginal Fistula, Ovariectomy and Perineal operations. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This admirable work, forming one of the reprints of the second series of above library, requires only to be seen to be admired, and on short inspection of contents to be universally approved. The author deservedly ranks among the leading gynecologists and teachers of England. In this carefully illustrated work, he has conferred a great boon on the profession generally, and on gynecologists in particular, the valuable plates greatly



facilitating the labour of teaching. Among them will be found illustrations of the Anatomy of the Perineum ; Relation of muscular floor of pelvis to the bladder, vagina, rectum and coccyx ; Relation of same to presentation at the last stage of parturition ; Pelvic connective tissue ; Neoplasms ; Pro-lapse and inverson of Uterus ; Mechanism of structure supporting the Uterus and opposing its displacements ; Perineal plastic surgery ; Removal of tumors by gastrotomy. We heartily recommend the work to all practitioners and students.

**THE HEART AND ITS DISEASES, AND THEIR TREATMENT.** By J. Milner Fothergill, M.D., M.R.C.P., London. Second Edition, illustrated. Philadelphia : Lindsay & Blakiston. Toronto, Willing & Williamson.

From the well known reputation of the author as a writer and a man of advanced ideas, the book will no doubt be read with interest. The author 'has striven in this work to describe each form of disease of the heart, not merely as an assemblage of signs and symptoms, but as possessing a natural history, in the belief that such plan will interest practitioner and student alike, and will furnish indications for treatment, preventive and other, which are not supplied by the plan of regarding diseases of the heart too exclusively from the point of view of the relations of the signs and symptoms found in life to the revelations of the dead house.' How well he has carried out this intention, will be apparent from a careful and attentive perusal of the book. We welcome it to our library as a valuable addition to our literature on the subject of heart diseases and their treatment.

**PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES,** by George Henry Fox, A.M., M.D. Parts 11 & 12. Price \$2 each part. New York : E. B. Treat & Co. Toronto : Willing & Williamson.

These are the last numbers of the series which is complete in twelve parts. The parts now before us illustrate the following skin diseases, viz. : "Herpes Facialis," "Hydroa Bullosum," "Erythema Circinatum," "Erythema Exfoliativum," "Purpura Simplex," "Cornua Cutanea," "Alopecia Areata," "Morphoea," "Scleroderma," "Sarcoma Pigmentosum." These plates will be found most valuable to those having limited clinical experience in skin diseases. A companion work is announced by the same publishers on syphilitic skin diseases.

**TREATISE ON THERAPEUTICS,** by A. Trousseau, and H. Pideau. Translated from the French by D. E. Lincoln, M.D.

William Wood & Co., have issued their 1st volume of the above work. The established celebrity of the authors must render commendation by us uncalled for. The present volume embraces only, *Reconstituents, Astringents, Alteratives and Irritants*. It is very probable that American readers will value the contents more for the general principles enunciated under the several heads, than for the practical application of them, as exhibited in connection with the description of the specific medicinal virtues of the remedies treated of. Timid practitioners who have been wont to deal gingerly with such potent drugs as mercury, iodine, arsenic, &c., &c., may find a considerable proportion of their fears tending to evaporate, when they learn from Messrs. Trousseau & Pidoux the heroic liberality in which they indulged, in their prescriptions of these articles. Yet, notwithstanding the high authority of these brilliant teachers, we would venture the admonition to medical neophytes, that they will do well to peruse the book with more than one-eyed circumspection. Since writing the preceding we have received the second volume of the work, embracing four additional chapters, entitled, Antiphlogistic treatment, Evacuants, Excito-motor, and Narcotics.

**MODERN ABUSE OF GYNÆCOLOGY.** By Clifton E. Wing, M.D., Boston.

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### Births, Marriages and Deaths.

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At Kettleby, on the 12th of July, the wife of Dr. F. Howe, of a daughter.

On the 19th of July, Dr. Harrison, of Selkirk, to Miss Persis Estelle, daughter of the late L. L. Douglass, Esq., of Simcoe.

On the 7th of August, J. M. Fowler, M.D., of Burford, Ont., in the 45th year of his age.

On the 15th of July, P. W. Smith, M.D., of Digby, N.S., in the 52nd year of his age.

On the 26th of July, Dr. Eckhardt, of Unionville, Ont., in the 47th year of his age.

On the — ult., Dr. W. B. Gibson, of Dunham, Que.

# THE CANADA LANCET,

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## Original Communications.

### MEDICAL AND SURGICAL TREATMENT OF OVARIO-UTERINE TUMORS.

BY JAMES CATTERMOLE, M.D., L.S.A., LONDON, ONT.

There are, probably, but very few of the senior members of our profession, who, during the course of their practice, have not had under their care or observation, some few unpromising cases of ovarian disease—such, for example, as those of the fibroid or the composite fibro-cystic class—in some of which the morbid growth will be found to be both firmly and extensively adherent to the surrounding organs and tissues, and in some instances apparently forming one dense irregular-shaped mass with the uterus itself, so elongating the cavity of the latter organ that it will, on some occasions, admit the introduction of the sound to the extent of from six to nine inches. It may be reasonably supposed that in cases of this description there are but few practitioners who would have the temerity to attempt extirpation.

Not unfrequently these tumors are of slow growth, and it is satisfactory to know that very generally the patient experiences but very little pain for a long period after the commencement of the tumefaction, and she gradually becomes accustomed to her unnatural load, and is not much inconvenienced until it attains quite large proportions, a condition demanding our best efforts to prevent. Now might not this be most satisfactorily accomplished by ligating the principal vessels of supply, *i. e.*, the ovarian and uterine arteries? Whether or not any procedure of the kind has been tried before, I am unable to say. It is obviously the most radical method of starving-out uterine enlargements. As a general thing, in cases of this description, even if tumefaction be discovered soon after its commencement, the patient's fears are seldom aroused until the growth from its

increase of size has ascended from the pelvis into the abdomen, and then probably matters are allowed to go on until it shall have assumed its determinate character, when it will be expedient to make a careful examination, and map the tumefied parts out in all their bearings. When fully satisfied as to the nature of the case, the patient may be prepared for the operation, and as the peritoneum will have to be more or less disturbed, her health at the time should be in the most desirable condition—in fact, every precaution should be observed that may tend to diminish the risk. Probably, in every case, it will be considered necessary to tie both of the above named arteries, in order to sufficiently lessen the supply of blood to the abnormal growth—for it is well known that in pregnancy both vessels are capable of enormous increase in size, and they also become enlarged during the formation of ovario-uterine tumors. Anatomists fully well understand, that although the uterine arteries are sometimes devious in their origin, yet in their course both vessels are almost invariably found at the inferior margin of the broad ligament, and can be tied just before they pass up between its peritoneal folds. As the two vessels ascend in this structure they anastomose freely, and also with branches from the opposite side, so that it is quite evident from the abundant vascularity of these parts, that free and perfect ligation may be employed without fear of depriving either normal or abnormal tissues of their necessary amount of blood to maintain sufficient vitality.

It should be observed, that notwithstanding the high position that the tumoid parts usually assume in the upper part of the pelvis and abdomen—where they generally maintain their situation for a considerable period—thus almost freeing the lower pelvic viscera and the adjacent important parts from undue pressure, that if the growth under any circumstances be allowed to become over-large and ponderous, it must ultimately exert considerable downward pressure on the parts beneath, and will assuredly increase the difficulty of securing the vessels by ligature, and also add to the risk of dealing with the peritoneum.

This operation, as already implied, is proposed more especially for cases where circumstances exist rendering extirpation quite impracticable—however, should future experience show that it can be done with a fair amount of success, it may not



be profitably adopted in other forms of uterine enlargement? It may be readily surmised, that many able surgeons, on first viewing a suggestion like this, may deem it impracticable, in consequence of the deep situation of the vessels to be ligated; but it is fair to entertain the hope that some one of special skill will at no distant period be able to accomplish this desideratum in gynecological surgery. In this suggested procedure, as in many other surgical operations, occasional difficulties will likely present themselves—a case may occur in which sufficient ligation cannot be effected—possibly one of the principal vessels only can be secured, and but a modicum of the anticipated relief obtained; in such case some additional aid will be required, and probably there is no remedy more likely to render it than ergot, which is now justly regarded as the sheet-anchor of gynecological therapeutics. This drug, until within the last few years, has generally been used empirically. Now, however, in most instances, it is prescribed *secundum artem*, and certainly when thus used it displays immense power in cutting off the supply of blood to tumefied uterine structures, probably by diminishing the calibre of their feeding vessels, as well as by exciting powerful contraction of any muscular tissue on or about the abnormal growths—sometimes reducing them to a state of harmless atrophy, and even rendering their bulk comparatively insignificant.

In those cases of uterine disease demanding the use of ergot, I have found twenty minims of the best fluid extract, given three times a day, to act very satisfactorily. It is generally well borne by the stomach, and often taken for six or eight months or even much longer. The daily hypodermic injection of ergotine may be now and then advantageously employed in lieu of the internal use of the extract, or when the latter by long use begins to irritate the stomach—as it is well known in itself to constitute an active plan of treatment. In some instances the bromide of potassium or muriate of ammonia, given in conjunction with ergot, seems to add to its efficacy.

As these ovario-uterine growths are said to be, and probably are, built up by the use of articles of food abounding in flour, sugar, and starchy materials—all such should be prohibited and give place to a similar diet to that commonly used in diabetes, which is, by the way, quite sufficiently extensive, and may be frequently varied to suit the taste of the patient.

## FALLACIES REGARDING ELECTRICITY.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.

From a careful study and practical experience, during some years, of the effects of electricity as used for medical purposes, I am convinced that both in the popular and professional mind grave misconceptions exist as to the character and value of this agent in the treatment of disease. The following paragraphs are undertaken, with the view of pointing out, in the briefest manner, some of these fallacies.

1.—It is commonly taken for granted, as inculcated by the instrument makers, that the ordinary faradic apparatus, containing a helix with its coils of wire and a vibrating spring, delivers both the galvanic and faradic currents. It is quite impossible that these machines can deliver the galvanic current at all, for the following reasons:—This current is continuous, noiseless, and while flowing, produces no sensation in the parts of the body which it traverses. This is the character of the current which passes from the generating cell, or battery proper, into the apparatus, at which stage it is quite too weak for practical purposes. The object of the vibrating spring is to interrupt this current, in order that at the instant of interruption, a secondary current of high tension may be *induced* in the coil of wire. This *secondary* or *induced* current is also a *to and fro* current, and as it was discovered by Faraday his name has been associated with it. When the vibrations of the spring are very rapid the sensations produced seem almost continuous; nevertheless it differs in the manner just mentioned from the galvanic or continuous current, which requires for its effective generation a series of cells, which cannot be combined in a faradic machine without rendering its bulk too unwieldy for ordinary use. The several “posts” at which the current is delivered are simply connected with different parts of the lengthy coil, the currents being in each case of the same general character, but varying in intensity, and in the sensations they produce. They are all similar in their origin, and ought not for a moment to be confounded with the galvanic or continuous current; an error, for which, as already implied, the instrument makers are largely responsible, and which, as it favors their interests, they no doubt desire to maintain.

A *second fallacy* is, that natural currents of electricity play a part in the inter-relations of nerve and muscle. It is true that electricity, in the static form, is found present on the surface, or exterior, of men and animals, as also of many other substances in nature. But there is no proof whatever that it is present in the interior of the body, or that it influences any of the vital processes. Thus despite the greatest care, the most delicate tests and elaborate experimentation, electricity has never been detected in a nerve while in action (Dr. Carpenter). The experiments of MM. Du Bois Reymond, Duchenne, and others, indeed appeared to have established the presence of local currents of electricity in nerves and muscles while at rest. But Prof. Trowbridge, of Harvard College, has shown that these experiments were fallacious, and that the supposed currents originated, not in the nerves and muscles experimented on, but in the appliances and apparatus used, and this counter result he appears to have demonstrated beyond all peradventure; so that the association of electrical action with the operations of nerves and muscles is to be regarded as entirely fallacious and untenable.

A *third fallacy* is to be found in the idea that electricity is an ally of nerve-force. If this were true they ought to be found associated together during muscular activity, which we have just seen is not the case. Then, again, the behaviour of each is quite different, as our text books show. Thus nerve-force is arrested by ligaturing a nerve, —not so electricity. Nerve-force is restricted to a particular tissue; electricity pervades them all. If a piece of wire be made to take the place of a portion of a nerve, electricity will still be transmitted; not so nerve-force. Nerve tissue is even inferior to other tissues as a conductor of electricity, while it is, of course, the chosen path-way of nerve-force. Then, they differ immeasurably in their speed of transit; that of nerve-force being in man only about one hundred feet per second, during which electricity leaps half way round the globe!

Forces so very different in their behaviour, and not found in association, cannot be regarded as allies, without doing violence to the principles of natural science.

*Fourth fallacy.*—That electricity is a stimulant to normal function, or a "vitalizer" to the organ-

ism. The quacks, in and out of the profession, go further and proclaim, "electricity is life," and proceed to dispense it accordingly to a too credulous public.

A very practical outcome of this fallacy is the idea, generally prevalent, that this agent is of value as a restorative in cases of suspended animation, as in chloroform poisoning and apparent death from drowning. Dr. B. W. Richardson, F.R.S., of London, has furnished proof to the contrary. Taking two rabbits, of equal size and weight, he chloroformed one till respiration ceased, and as he states, the animal was practically dead. He then restored it by artificial respiration. Reducing the second animal to the same condition by means of chloroform, he tried electricity as a restorative, but with fatal results. "Under the semblance of restoring life," he says, I "clenched death." He calls it "a two-edged sword," and says, "I feel it too unreasonable to recommend galvanic action as a means of resuscitation . . . in the majority of cases it would more effectually promote death than restore life."—(*Med. Times and Gaz.*, 1870; *Braith. Retros.*, Jan., 1871, p. 256).

Dr. Ringer, writing of the employment of electricity in this class of cases, states:—"Some authorities are wholly opposed to its use, on the score of its influence to arrest a very feebly beating heart and so diminishing any slight remaining chances of recovery." Instances are on record where it has actually "promoted death," in cases happily recovering under ordinary means; (Drs. Beard and Rockwell) and many more such fatalities would be apparent were they duly reported, and were it not that fortunately batteries are not usually at hand at the time and place of such emergencies.

It may be further shown that electricity is not a "tonic" or "vitalizing" agent by the fact that it produces numbness, anæsthesia and paralysis of the nerves. During the passage of the current, Matteucci found that the spine of a living rabbit might be cut, pricked, cauterized, etc., without evoking from the animal any signs of pain. And as is well known, electricity has been used to benumb the parts subjected to several minor operations in surgery. *Such anæsthesia is temporary paralysis.*

Is electricity, then, useless or injurious in practical medicine? By no means. It has its proper



role, just as have our narcotic and paralyzing drugs. Drs. Beard and Rockwell hold that "the leading and general effect of localized electrization . . . is improved nutrition"; and again, "to accomplish improvement in nutrition is the great object of electrical treatment"; an idea which they frequently repeat. (*Ib.*, pp. 379, 409, 284, 265, etc.). They explain that this result is "partly and quite largely due to the *passive exercise* and consequent oxygenation and other important changes in tissue that result from *several thousand muscular contractions* that take place during an ordinary sitting." (p. 300).

But if electricity be a paralyzing agent, can it induce muscular contraction? Most certainly, since spasm and rigidity of muscle are among the most common and uniform effects of paralyzing agents, and of the most severe or protracted cases of paralysis from general causes. Dr. Brown-Sequard's experiment shows that the lifting power of a frog's hind leg is gradually more than doubled after section of the spinal cord, compared with what it was previously, and from this and other experiments of Sir A. Cooper, Kussmaul, Tenner and others, Dr. C. B. Radcliffe, F.R.S., deduces the proposition, that "there is reason to believe that ordinary muscular contraction is associated with deprivation of nervous influence," and the further proposition, that "the power of muscular contraction is inversely related to the amount of nervous influence supplied to the muscles from the great nervous centres." (*Lec. on Epilepsy, Paralysis, etc.*, p. 100). The experiments on which these conclusions are based have not been discredited, and they fully justify attributing to electricity the *role* of a paralyzer, whereby the motor nerve influence is withdrawn and the muscles left free to exhibit their inherent property of contractility.

Among the beneficial effects of electricity is its power of producing a contraction of the arterioles, lessening their calibre, diminishing vascular supply and arresting the growth of abnormal tissues, ameliorating congestive states and thus favoring a return to healthy nutrition. This is the explanation of the cure of Dr. John R. Dickson, of Kingston, as related by himself in the September LANCET; for though the ophthalmoscopic examination appeared to show a cessation of retinal congestion, on Dr. D.'s own showing, he had been suffering

from congestion of the brain, apparently involving the optic centres, the vessels of which it is fairly to be presumed remained dilated till contracted by the electric current and their normal calibre restored. This result, too, is in full accord with the *role* of electricity as a paralyzer, for the following reasons:—The greatest possible degree of arterial contraction is invariably found present in death from any cause. An agent which tends to bring about such a state, tends towards death, and progresses on the road thither in proportion to its power. Hence if the electricity is strong enough it will kill; but in cases like this, it does good, if barely strong enough to partially paralyze the vaso-motor nerves, when, as in other cases, the muscular tissue of the arterial walls is enabled to exercise its contractile power, narrowing these channels with the results enumerated.

*Fifth fallacy.*—That weak currents of electricity act as a stimulant, while strong currents paralyze. This is asserted by Dr. A. H. Bennett in the *Brit. Med. Jour.* of the current year, in an article copied into the last *Braithwaite*, p. 71, and is extensively believed. Now electricity is one of the forces of nature, and to assert of one of these natural forces that its mode of action is other than uniform and consistent with itself, is to oppose the teachings of natural science. The conflagration which destroys our dwelling produces very different *effects* indeed from the fire in our grate, but the process in both is precisely the same,—that of combustion. Among the natural forces there can be no caprice, no contrariety in their mode of action. What the flash of lightning does, the spark from the battery tends to do, and only fails to do from lack of power. Will any one pretend, by adding on additional sparks *ad infinitum*, that the character of the spark or its innate properties undergoes a change and reverses its mode of motion, or of action? The idea is too preposterous to be entertained. Just as sure as fire will burn whether small or large, electricity will paralyze whether weak or strong, in proportion to its power.

The same principle applies to the action of drugs, which are the embodiment of natural forces drawn from the soil, the sunlight, and the dew. Small and large doses respectively cannot stimulate and paralyze. The *effects* produced by each are indeed very different, but in any scientific exposition of drugs these effects must be, and *they*

may be explained consistently with a uniformity of action whatever be the dose, in which, so to speak, they are ever tending to the same goal.

NOTE.—Since the foregoing has passed out of my hands, I find in the facts of the recorded experiments with electricity, the most ample proof of its paralyzing action on nerve tissue, in its several phases,—intra-polar, extra-polar, direct and inverse. I hope soon to render this apparent.

### CASE OF ŒSOPHAGEAL STRICTURE.

REPORTED BY H. K. KERR, TRINITY MEDICAL SCHOOL, TORONTO.

J.—H.—, aged 19 years, of North Mountain, Ont., who died Oct. 1st, 1880, suffered nearly seventeen months from stricture of the Œsophagus. This case has afforded medical science a marvellous example of the length of time life may be maintained without food.

In May, 1879, he partly swallowed, by mistake, a mouthful of weak lye. Vinegar and other household antitodes were promptly administered, and, as the patient at first experienced only a slight burning sensation, followed by soreness and tenderness of the mouth and fauces, nothing very serious was apprehended.

In the course of two weeks symptoms of dysphagia began to manifest themselves, and his friends becoming alarmed, called in medical aid. Dr. Potter, of Kemptville, attended the young man daily for three weeks, using the probang, bougie, &c., for the mechanical dilatation of the Œsophagus, with slight beneficial results. Drs. Reddick, Stacey and Anderson were also consulted, and, although treatment for a time did appear somewhat remedial, deglutition became more and more difficult until milk was the only nourishment that could reach the stomach. The cicatricial stricture, due to the erosion of the coats of the Œsophagus, seemed to be situated low down, chiefly near the cardiac orifice of the stomach. Food, when partaken of, sometimes would be immediately regurgitated, but generally it was retained for a few minutes in the dilated upper portion of the Œsophagus and then entirely discharged. Fluids for some time were tolerably serviceable in sustaining life; appetite was constant and craving. He partook largely of milk,

a very small amount of which found its way into the stomach—the greater part, however, being spasmodically rejected. At rare intervals deglutition appeared less difficult, and considerable milk could be successfully swallowed. The patient became greatly emaciated, presenting the usual symptoms of starvation. In ten months his weight decreased from a hundred and twenty to sixty pounds. During the remaining seven months, previous to death, he frequently attempted to partake of food, both solid and liquid, but could swallow no appreciable quantity of either—the only nourishment supplied to the system during this time being enemata, consisting of milk and egg beaten up, administered twice daily. The intellectual faculties and special senses seemed unimpaired. The power of locomotion was retained up to three days previous to his death, at which time his weight was not above forty pounds. Prostration set in, followed by dyspnœa, syncope and death.

### FOOD AND HEALTH.

BY J. A. GRANT, M.D., M.R.C.P., ETC., OTTAWA.

Read at the Bathurst and Rideau Medical Association, Carleton Place, August 10th, 1880.

To-day it has become a recognized principle that the great social problem is the sanitary condition of our people. It affects alike both poor and rich, but more particularly the former, who are unable to contend so vigorously against the pernicious influences. Statistical facts have demonstrated beyond a doubt that more people die daily from the neglect of proper sanitary precautions than from all other forms of mortality combined. The most prolific sources of disease—at least those which most directly impair health and shorten life—are foul air, impure water, adulterated food and drink in the various forms which are catered up for the digestive capacity of a growing generation still eager to perpetuate the principle that ordinary business matters cannot be finally accomplished without the spirit ratification in some one of the shapes so popular in almost every country at the present day. No subject calls for more vigorous action at present than that of "Sanitary Reform," which would contribute, beyond our most sanguine anticipations, towards the improve-



ment of our sanitary condition, and thus promote, in the most tangible form, the comfort and happiness of our people. The time has now arrived when the public men interested in the welfare of this Dominion must take an active part in the promotion of sanitary science. The "Adulterations Act," introduced by Government, has already accomplished some good in a very moderate way, but greater activity is requisite in order to fully appreciate the importance of the various adulterations of food and drink so intimately associated with the future of our Dominion. In Great Britain, Europe and the neighboring Republic, there is at present considerable effort being made in this department of sanitary science, and the various workers in this prolific field of observation have accomplished much, and are now bringing about a more healthy recognition of the important issues which spring from this momentous subject.

The extent of food adulteration, in fact, is only now being actively looked into, in order, as far as possible, to obtain a more perfect idea of poisonous influences daily and hourly at work in bringing about the increased death rate of our population. The forms of adulteration are varied, and introduced with a considerable degree of skill, in order to evade the law and contribute to personal gain, even with the prospect of shortening life. The addition of substances of inferior value, for the sake of bulk and weight, is a common practice, and even not more so than the addition of coloring matters of various kinds, to improve appearances, if possible, and conceal other popular forms of adulteration. The preparations of lead, copper, mercury and arsenic, used for coloring purposes, possess highly poisonous properties, and thus impart very deleterious influences. A common form of adulteration is the addition of substances, in order to impart flavor, pungency and attractive smell—common means of deluding and deceiving the public in matters of every day life. Who has not heard of chicory powder in coffee or cocoa; of woody fibre and sawdust of different kinds in spices, and various drugs in powder, added neatly by spice and drug grinders; of copper in pickles and bottled fruits; of bole Armenian and Venetian red in potted meats and fish? Such adulterations could not possibly be practised by the retail tradesmen, being rather the outcome of special machinery,

used in the large centres of trade and commerce. It is quite evident that the sellers of adulterated food are in a position to increase their profits in a very large degree. From these few examples in the line of current impurity, which is more extensive than generally supposed, it is quite evident the question of the adulteration of food is one which vitally affects the interests of the honest and most respectable of the trading community, in whose hands is now placed the important duty of staying, as far as possible, the nefarious system of adulteration which saps human vitality and throws a slur upon many of our best merchant princes, who are the very essence of commercial integrity.

Is the present machinery in operation for the purpose of checking adulteration which comes under the head of Excise, active and energetic? How many are there at present carrying on the requisite investigations as to food adulteration? This suggestion is not thrown out with any hostile feeling, but merely in order to ascertain the efficiency of the Excise force in this particular branch, which guards the best interests of our people. The present Government has the credit of having taken the initiative in this matter, to whom much credit is due, even for the progress so far made in a most praiseworthy path of public duty. We require to rely more on science; upon the resources of chemistry and upon the microscope, than upon feeble Excise inspectors, who, although active and willing, can only convey such information, in many instances, as falls under ordinary observation. The health of the country, and the revenue of the country depend largely upon the proper discharge of the duties connected with the application of science to the question of food adulteration, and, under such circumstances, we feel assured the interests of the public will be guarded in a manner becoming the scientific advancement of the age in which we live. One of the first questions one would very naturally ask is: Are we making satisfactory progress in our sanitary measures; what is our death rate in the Province of Ontario, or in the whole Dominion? Such are the inquiries made by those adopting Canada as a home and future residence; for those who may migrate from the Mother Country. In England, before the Restoration, Macaulay has depicted it as "a time when men died faster in the lanes of our towns than they now die on the coast of Guiana." The rate of mortality in Lon-

don from 1660 to 1679 was fully 80 in 1,000, and in 1871 it became reduced to 22.6 in the 1,000. Thus we observe how, under proper sanitary regulations, the death rate in England was greatly reduced through the introduction of the requisite precautions. In Ontario, at present, about 80 die per day of various causes, and it has been estimated that fully one-third of the deaths are of diseases which might be prevented by thorough sanitary measures. The aim of sanitary science is to prevent disease, preserve health and prolong life; in fact, to guard the best interests of our people, so as to efficiently discharge their various duties for personal comfort and State advancement. Thus a private as well as a public hygiene is considered in the widest acceptance of the term. This science, like that of medicine, is pre-eminently one of observation, and in both, disease is the study, but in different ways. The physician endeavors to cure an ague, but the health officer more particularly inquires as to what will prevent an ague. While the scientific physician may extend his observation to the cause as well as the cure of disease, the health officer makes it his especial duty to look quietly and carefully into the various causes of disease, and thus co-operate with his brother practitioner in promoting health. The laws of health, like the laws of nature, take a well defined course or direction. A careful submission to these laws promotes health and longevity—whilst death and disease result from the converse, and the marvel is, how many people do live with the tax placed on their system. What are some of the facts to be deduced from the fast of Tanner? That the human system is far more over-strained than is necessary by the extra amount of food taken daily, and that too little attention is paid to the important part pure and unadulterated water plays in the human economy. It is estimated that of every body which weighs 135 lbs. there are fully 111 lbs. of water, thus, at a glance, we can observe the proportionate power and effect of water in maintaining life under such trying circumstances. The curative power of moderate starving in some forms of disease is a well attested fact, and if many of the gorging and fashionable processes were only more carefully guarded, life would be longer, health more vigorous, intellectual power more acute, and the accumulation of adipose tissue not so frequently interfere with ordinary locomotion.

The closer we consider public health the simpler becomes the problem: Purity of air, water, food and clothing, all of which may be embraced in a single word—"cleanliness." Life is a fortress we know little of, and why throw difficulties in the path? What concerns the individual, concerns the State, and every individual should know something of those grand vital sanitary principles so closely connected with the cheer and happiness of the home and the fireside. Lord Beaconsfield in his celebrated Manchester speech, as Prime Minister, remarked, "I think public attention ought to be concentrated on sanitary legislation. I cannot impress upon you too strongly my conviction of the importance of the legislature and society uniting together in favor of these important results. After all, the first consideration of a minister should be the health of the people." Do not such facts apply directly to our public men—from whom we expect activity and marked energy in bringing about a central department of health, such as now established in many countries at the present day? This will be evidence of progress in the right direction, and, although laws may conflict in the local and general government of our country, still we feel assured action will soon be taken and such as will tend to prolong life, promote comfort and happiness, by demonstrating in a tangible form how the sacrifice of preventible deaths may be avoided. Such is the basis upon which we expect to operate and thus root out the causes which add so largely to our annual death rate. This is science turned to good account, and surely the lives of our people are equally important with those worldly treasures of little account once man has passed beyond the sphere of earthly cares.

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## TWO CASES OF GLUTEAL ABSCESS FOLLOWING CHILD-BED.

BY A. DAVIDSON M.B., M.R.C.S., ENG., TORONTO.  
Late Senior House Surgeon to the Leith Hospital Scotland.

CASE I. E. H. married æt 25, under the care of the late Mr. Maunder, F.R.C.S., Eng., at the London Hospital, under whom I was at that time dressing. The patient was admitted to the hospital on the 8th Jan. 1878, and stated that about nine weeks previous to her admission, she gave birth to a child, but her lying-in period was not



attended with a good recovery, being very weak and not able to leave her bed until she was removed to the hospital.

Patient observed about a month prior to her admission, that she was the subject of severe pains in her right buttock, characterized as throbbing and burning; these increased in severity and were accompanied with much swelling of the affected part. When examined at the hospital on the day of admission the right buttock presented a shining red and swollen appearance, fluctuation could be detected with ease, and the part was extremely painful on percussion, thus all the signs of a large abscess being present it was opened on the following day (Jan. 9th) under the ether spray (to produce anæsthesia of the part,) and not subject to antiseptic precautions. As might be expected the patient was much relieved on the following day, the quantity of pus discharged was considerable and the abscess cavity measured about six inches in all its diameters. The after treatment consisted in the introduction of a drainage tube and the daily washing out of the cavity with a solution of carbolic acid (1 in 40.) This mode of treatment was continued for some weeks, and altho' the discharge greatly decreased, sometimes being almost *nil*, still the cavity did not seem to be decreasing in size. This being the state of the case, pressure was now directed to be applied to the buttock to keep the walls of the cavity in contact with each other. This was effected by means of a graduated compress of lint and secured by a bandage passing around the pelvis, the greatest amount of pressure being exerted at the periphery of the cavity. This treatment was continued for about two weeks without any benefit; on one or two occasions the cavity seemed closed and the discharge *nil*, but when left to itself without being irrigated, it would again fill with a watery-like pus. On the 27th of Feb. '78 the patient, having become unruly, was dismissed from the hospital with the cavity still there, and was not heard of afterwards.

CASE II. M. M. married, æt 32, admitted under the care of Dr. McNair, F.R.C.S., Edin., at the Leith Hospital, during my residence as house surgeon.

Patient was admitted to the hospital on the 13th March, 1879, and stated that about the end of January she was delivered of a child. She had a good delivery, not much bleeding and the placenta

was discharged entire, the patient seemed to be making a good recovery, and left her bed in the period of a week, but being weak she was unable to remain up the whole day. The lochia as she says did not bear an offensive odor. About two weeks subsequent to her delivery she observed a "dumb pain" in her right hip; ere long the pain was so great that the patient could not walk, and the affected part became very much swollen, red and glistening. When admitted to the hospital all the signs of a gluteal abscess were present, but not being yet quite ready for the knife, poultices were rigorously applied for a few days, when fluctuation became more distinct and pointing apparent. The abscess was opened under the carbolic spray, a drainage tube was introduced and it was dressed with antiseptic precautions. About nine ounces of thick healthy pus was evacuated, the relief afforded was very great and on the following day the temperature had fallen from 104° to 98.8° and remained normal throughout the treatment. For the first few days, the woman was dressed at intervals of two, three and four days, a strictly antiseptic line of treatment being observed throughout, which terminated favourably, the patient being discharged from the hospital on the 3rd of April quite cured.

The two cases here related, it will be seen, are almost similar occurring as they do in young married women in the same region of the body during the winter months and following child-bed. The etiology and treatment are interesting, and while the former opens a field for speculation, the benefits of the mode of treatment in case No. 2 over that of No. 1 is established beyond a doubt; in the one the wound being left septic, while in the other a strict line of Listerism was observed. It has been my good fortune to treat a large perityphlitic abscess, and also a large strumous abscess of the thigh under the carbolic spray, and the success which attended the treatment in each case was very marked. If one examines the therapeutics of Listerism, he will find that in the treatment of abscess it embodies two great agents which are destined to procure a good and speedy cure. These are the poultice (heat and moisture) which the dressings form, and the germ destroyer, the carbolic acid, hence in lacerated and gun shot wounds, where sloughing and suppuration are liable to take place, it is highly serviceable. In amputa-

tions however, and clean cut wounds, the poultice which the antiseptic-dressings form, is obnoxious to the formation of primary union, but to pursue this matter further would be going beyond the subject of my paper.

### Correspondence.

#### NEW ACT RESPECTING CORONERS.

To the Editor of the CANADA LANCET.

SIR,—Some coroners have objected to taking the new oath in certain cases, and the *Globe* says, "it is necessary for all such to declare if it be only in special cases, or in all, that they would object—that their posts may be filled by others." Now as a rule doctors act in the most disunited manner, and a mighty force of them may thus be easily shot down singly and with neither dignity, satisfaction, nor advantage. I feel very strongly about this unprecedented alteration in the law—a law which without any valid reason, and with excuse the most flimsy, casts gross indignity on the whole body of coroners, and convertibly on the whole medical profession.

The point alluded to in the new law is that every coroner on receiving evidence of a death appearing to demand an inquest shall, if of opinion that such inquest be clearly demanded, make oath to that effect before a magistrate, and failing that, shall not be entitled to his fees; thus asserting that there are very many so mean and so unprincipled that without these precautions the interests of the public would be left without a safeguard. Now what have been the safeguards hitherto? Take the custom in England: a coroner on certain qualifications is elected and *takes the oath of office*. He is of sound mind, and memory, and till it be disproved, he is accredited with having his mind and conscience pervaded by a sense of solemn duties and responsibilities. Secondly, in England, juries if they consider the inquest unnecessary, can publish their complaints, and the Quarter Sessions can disallow the coroner's fees, if in their judgment, or the opinion of their salaried legal adviser, they conclude such inquest to be unnecessary. In certain cases these parties have exercised these duties, and the result has been deemed as thorough as human laws are likely to achieve. But the Ontario Legislature, instead of having recourse to these precau-

tions, has decided to pass a law which assumes that coroners are wanting in honor and are utterly oblivious of their oath of office, and can scarcely expect that a body of men who would tamely submit to this would act in such a way as to leave the public without even graver causes for dissatisfaction. The real ground of excuse for the new bill was, that some coroners throughout Ontario had held and been paid for more inquests than were necessary, and that sundry city coroners had raced at unseemly speed to secure an inquest, and in some cases even disputed with rival coroners for possession of the body. This last charge possibly paralyzed the M. P. P. doctors, and these making slight objection the rest of the house raised no opposition.

As to some few unnecessary inquests being held, that must ever be the case till coroners have the power of divination. But in all these cases the rules enforced in England, including disallowing the fees, reprimand, or dismissal, would have sufficed to provide due safeguards, and better far than to impose an insulting form of oath, repeated thrice or thirty times a year, thus assuming that the virtue of the oath of office, that should cease only with life, was forgotten, was instead a mere ephemeral form, and that on that calculation each succeeding oath need last but for the day or hour. Parliament has not the excuse that the public have, who believe the fees are very large, and hold out a natural temptation to err whereas the ordinary fees are such that even with a small practice a coroner will find after a year's action he has incurred a slight loss. Why then seek or hold the office? It used to be considered a left handed distinction, and a fair minded man, translated by a sense of duty above petty inducements had many opportunities of crushing persecution and malice, directing enquiry and asserting justice. He was sustained by the respect of a chosen few and of his own conscience. Farther than this, and without being high strung, although he had only to administer the oath to the jury and the witnesses, he silently and solemnly pledged himself before God to do justice without fear or favour either in refusing to hold, or ordering, or carrying on an inquest, and persons in my opinion on whom it is necessary to inflict an arbitrary and insulting form would not be influenced for the better if they were sworn from sun-up to sun-down.



For myself, I was appointed coroner about fourteen years ago, and took the oath of office. I was in sound mind and sound memory, and while God keeps my mind sound and my memory green I shall never be forgetful of it. I resolved then to act up to it with all my mind and strength, and year by year I have been more and more impressed with what I believed to be demanded. I will take no supplementary oaths either twice a month or thrice a year. Nay! were the matter compromised by imposing one more oath for all time, under the plea that the first oath was effete or savourless, I would not take it. Neither is the need for these oaths proved by the ill deeds of few or many coroners; were ninety-nine out of every hundred coroners to acknowledge to transgressions, the hundredth man, if unsoiled, ought not to take a second oath. Neither is the urgency, or doubt about the grave necessity for holding an inquest any reason for hesitation about the oath to those who have made up their minds as to the propriety of oaths tending to deny persistent virtue in the oath of office. We know now as well as in the former days when an inquest is fairly demanded, and need not transfer the onus to the Crown Attorney. All persons in responsible offices, I believe, take the oath of office; should any such fail in their duties, they should be mulcted in their fees, reprimanded, or dismissed, not sworn over and over again. The witness on oath, whether his evidence lasts ten minutes or ten hours, cannot be very often asked "if he knows he is under oath," without getting protection if he merit it, while if he do not, he would be dismissed with censure, or punishment, not sworn over again.

Doctors may say what can we do? You have, not to put too fine a point upon it, been *scoffed at*; you can avoid being *trodde*n* on*. You can refuse to take these oaths and resign, and the profession at large can declare your conduct such as is alone worthy of high minded men. Most coroners, not hitherto generally chosen from the poorest of our profession, may, I believe after this act of self-assertion, "greatly daring dine," others may be sustained by the *parvâ avenâ*, our rugged pride, and a little oatmeal.

Yours truly,

S. WALLACE, M.D., M.R.C.S., Eng.

Campbellford, July 22, 1880.

## OBSTRUCTION OF THE BOWELS.

To the Editor of THE CANADA LANCET.

SIR,—I send you a short account of a case of obstruction of the bowels which may be of interest to the profession:—On Friday 24th of September I was called to see W. C. æt 62, who informed me that he had been suffering from vomiting and purging with cramps in the stomach and bowels for twenty four hours. I gave him at once thirty drops of laudanum, followed by calomel and opium every three hours; I also applied turpentine stupes to his abdomen, with considerable relief. 25th. He was much better. 26th. He suffered much to-day from retching and vomiting, and I suspected hernia. On examination I found a tumor on the right side half way between the symphysis pubis and the anterior spinous process of the ilium, which, at first I suspected might be hernia, but as there was no impulse on coughing, and as it was out of the track of either inguinal or femoral hernia, I decided it must be enlarged glands. As his bowels had not been moved for three days, I tried turpentine and castor oil injections repeatedly but with no benefit; suspecting there must be some invincible obstacle in the bowels, I desired a consultation.

27th. Dr. Sullivan, of Kingston, and Dr. Kennedy, Jr., of Bath, met me to day, and we tried clysters of various kinds without the slightest benefit. The warm bath was also tried, and morphia given by the mouth.

28th. No passage in the bowels; constant vomiting. I commenced to-day using sulphate of morphia hypodermically.

29th. The abdomen beginning to enlarge from gas and fluid. No stools; paroxysms of pain partly relieved by the morphia and hot fomentations.

30th. No change. Oct. 1st. He is evidently sinking, the abdomen enormously distended. 2nd. Dr. Kennedy, Jr., and Dr. Sullivan saw him again to day, with me; we used the galvanic battery and also enemata of turpentine, etc. 3rd. Sinking slowly. 4th. He died this morning at 10 o'clock. At 4 p.m. I made a post mortem examination. On opening the stomach, about a gallon of brown-looking fluid escaped from it and the bowels, also a large quantity of gas; the jejunum and ileum were slightly inflamed, but the colon was enormously distended and inflamed, and on reaching the sigmoid flexure, I found about eight inches of

it thickened but reduced in diameter to half an inch and filled with a grey looking cheesy matter, through which I could hardly force the handle of the scalpel, proving the case to be almost beyond the reach of our art.

I forgot to mention that the pulse continued at 80, with the exception of the last two days, when it rose to 110. Tongue clean throughout.

Yours truly,

W. G. MIDDLETON.

Stella, Oct. 9th, '80.

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To the Editor of THE CANADA LANCET.

SIR,—In the correspondence signed "Chiron," which is published in the October number of your Journal, my name appears among those who are said to have purchased medical diplomas from the notorious Buchanan of Philadelphia. Will you allow me simply to say that I never either applied for or obtained such a diploma, and I cannot see how my name has got into the list.

Several years ago, at the request of one of my customers I ordered several books, and a few bottles of medicine from Buchanan, and in that way my name may have got into his books and was copied by the person who prepared the aforesaid list. Will you kindly publish this letter in your next issue, as I do not wish to lie under the imputation of practicing medicine under a "bogus" diploma.

JOHN L. WIDEMAN,

Druggist.

St. Jacobs, October 4th, 1880.

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### Selected Articles.

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CLINIC BY ROBERTS BARTHOLOW, M.D.

#### FLOATING KIDNEY.

Gentlemen,—The first case I have to exhibit to you, is one representing a condition comparatively rare. The patient, a woman about 40 years of age, has been out of health for a long time; complaining chiefly of unpleasant pulsation in the epigastric region, disorders of digestion, with flatulence, etc., and a good deal of pain about the stomach, extending also around to the left side of the abdomen.

When I come to examine this part of the abdomen by palpation, as I am now doing, I find a strongly pulsating abdominal aorta, and much tenderness not confined to the stomach, as there is a

good deal of pain and distress referred to the left side as well. In this situation, also, is found a tumor, well-defined and rather dense, which is easily dislodged from its position in the epigastric region, and may be pushed upwards behind the stomach. The inferior margin of this tumor gives the impression to the touch of being round, and regular in outline, and of being about three inches in its transverse diameter.

Let us first consider, before discussing this group of symptoms, the nature of the growth. What kinds of movable spleen may appear in the abdomen? This excludes at once all tumors that have a fixed base, such as ovarian cysts, or mesenteric growths; and reduces the discussion to the few that have not firm attachments. Not long ago, I showed you a case of movable spleen, where the organ had rotated upon its axis, until its under surface rested upon the abdominal aorta. But the floating spleen, generally, has a larger size than this tumor, and is less dense to the touch; moreover, we learn from percussion that this patient's spleen is in its proper position. The comparatively small size and definite shape of this tumor might suggest aneurism, but as an aneurism would distinctly pulsate it is clearly not of this character. A kidney may become displaced, and form a movable tumor in the abdomen so as to present the characteristics of the case before us. Descending from its position under the posterior margin of the liver, it may appear in the epigastric or umbilical region, but is susceptible—and this is an important diagnostic point—of being replaced by manipulation to the place whence it came.

The case then must be of this nature; the left kidney has been displaced from its position from causes which we need not pause to consider at present.

Floating kidney, although thought to be a comparatively rare kind of tumor, is met with occasionally, and I believe its occurrence is more frequent than is generally supposed; and that it is a condition generally overlooked because of the prominence of associated troubles that direct the attention elsewhere. You observe that we have here a tumor, descending from the left hypochondrium, of the shape and feeling of the kidney, which is easily sent back to the place of origin. What, now, are the associated conditions? There are marked disorder of digestion, flatulence, pain in the stomach, and often in addition to these, attacks of vomiting and purging, like cholera morbus. Floating kidney may occasionally be unaccompanied by these symptoms, but there generally may be found a history of stomach troubles, or both of the stomach and kidney. They seldom complain, you will notice, of the kidney directly, except as I shall speak of presently, but attention is called to troubles that are secondary and symptomatic; and for this reason the real condition often escapes observation.



What else does our patient complain of that is significant beside the digestive disorder? She has a constant beating at the pit of the stomach, due to a strongly pulsating abdominal aorta, which might give rise to a mistake in diagnosis. If a tumor rested directly upon the abdominal aorta, a transmitted pulsation might prove very deceptive. This is not the case here. The swelling is quite distinct, and we have to deal with merely an exaggerated pulsation of the aorta, which is not uncommonly associated with floating kidney; like these disorders of digestion, it is merely symptomatic. The curious condition of "throbbing aorta" is due to relaxation of the vaso-motor system; the vasodilator fibres permit the aorta to unduly yield to the force of the heart's impulse, and its motions are so disturbed as to be transmitted to surrounding parts.

The function of the kidney is often not much disturbed; it may be rotated upon its axis, but its relations to the ureter and renal vessels are generally not materially interfered with.

Besides the abdominal troubles we have just been considering, the patient complains of cerebral symptoms. These are violent headache and disturbance of vision. Nausea and vomiting do not appear to be present in this case, nor do we observe the functional disturbance of neighboring organs that so frequently occur in such cases, due to interference and entanglement with the kidney.

What is the cause of floating kidney? It occurs in both sexes, but chiefly in females, and especially in those who have borne children. I have seen a number of such cases in multiparous women. It appears to be connected with the dilatation or distension during gestation, and relaxation of the abdominal walls following parturition. The kidney, as you know, is simply imbedded in a quantity of loose connective tissue and fat, the amount of which varies in different individuals. In some the kidneys are loose, and possess a considerable latitude of motion; in others they are more firmly fixed. The more range of motion it has naturally, the more likely it is to be displaced; pregnancy favors a relaxation, and causes such disturbance of other organs that the kidney is then apt to become dislodged; and if the renal vessels permit, it may descend even lower down than in this case. I have seen a case of floating kidney where the organ occupied the iliac fossa.

What can be done for the patient? Medicines directly can do very little, but indirectly they can accomplish something in the way of relieving symptoms. An abdominal bandage well applied would give great comfort. In order to adjust it, the patient is placed recumbent, and then the offending kidney is to be gently pressed up into position, where it is held by the bandage, drawn with considerable firmness, and it should be worn night and day; if taken off at night it will undo the work of

the day. By constant use of the bandage for months and years, adhesions that will maintain the kidney in place may occur, and I have thus succeeded in obtaining such new attachments when the bandage was worn for several years. Attention to the functions of the abdominal organs is also essential; flatus must be carefully guarded against by cutting off all articles of food that ferment readily in the stomach or intestines. I assure you that this point is one of much importance.

We can give also, with a view of overcoming this condition of abdominal fulness, a drop or two of carbolic acid three times daily. We should also prevent constipation by aperients occasionally, so that no colonic accumulation may press upon the kidney.

#### HEMIPLEGIA IN CHILDREN FOLLOWING SCARLATINA.

This little girl, Florence K., æt. 8 years, halts in walking, the left leg drags, the arm hangs at the side, there is left hemiplegia. This is remarkable occurring in a child only eight years of age. We will presently look into the history, in order to establish the nature of this trouble. She has had a shoe adapted to the foot to aid her in walking. This having existed for more than a year, there has been an interference with the development of this side of the body, for the leg and arm are both smaller and shorter than the corresponding limbs on the right side.

The history gives us a clear insight into the case. The child had a severe attack of scarlet fever, about two years ago, and, when in the third week, it was noted that the face was drawn to one side, and paralysis appeared in the members on the same side; in other words hemiplegia existed. There was no apoplectic stroke, for there was no loss of consciousness. Without any premonition, this trouble came on.

The fact that this patient was in the third week of scarlet fever must impress you as significant, for at this period she probably suffered from the kidney complication belonging to that stage of the disease. The mother tells us that, after a short absence from the apartment, she returned and was astonished to find this change in the appearance; the corner of the mouth was depressed, the eye staring, and the left side of the child's body motionless. She suffered doubtless from kidney trouble and albuminuria. You will ask what connection had this with the condition of the brain at that time? The state of the blood accompanying the renal disorder would favor thrombosis, and we may suppose a clot to have formed in the opposite hemisphere of the brain, the circulation being feeble owing to the condition of albuminuria. It was not an apoplectic seizure, but a mere coagulation of blood in the vessels. The arrest of the circulation was followed by suspension of function of the part, which was probably the motor tract.

But our object to-day is not simply to study pathology, but to seek to cure the child. We are not concerned so much with the primary cause, as we are with the present condition and prospects of improvement. We will first ascertain the state of the muscles, in order to see how much this disease has interfered with their growth and development. The arm and leg are wasted, the disease having already existed for a long time. What is the probability of restoring these muscles, and of bringing them again to a condition subject to the supremacy of the will? We will first ascertain the electrical reaction with the battery. If they cannot be influenced by a strong galvanic current, then but little can be accomplished by treatment.

Having the electrodes well moistened, and sending a slowly interrupted descending current through different groups of muscles, we find that they do respond readily. We expect to find this in cerebral hemiplegia; if the muscles are not so wasted that their proper elements have become entirely changed they will continue to respond to electricity until the muscles are atrophied. When this occurs contractions cannot be obtained even by powerful currents, this negative electrical result at this stage is termed by Erb the "reaction of degeneration." I think that the little observation made upon these muscles, shows that they will even respond slightly to the order of the will.

Is it possible to aid recovery by the use of the electrical current? If in an old case of hemiplegia, there should be full response upon applying the current to the muscles, there is not much to be accomplished by the use of electricity except to prevent further wasting of the muscles. Loose and erroneous ideas among medical men as to the utility of electricity, are due to its employment in just such cases by persons who did not understand that it can only keep up the nutrition of the muscles. What is the extent of the good that can be obtained from treatment if degenerate changes have been set up? In cerebral extravasations, the clot of blood would by pressure cause the surrounding area to undergo atrophic changes, which can only be partially restored. In the course of time the patient will recover more or less, but never entirely, for this degeneration takes place all along the motor tract at the base of the brain and into the anterior columns of the medulla oblongata and spinal cord. Having pointed out the fact that but little can be expected, it is proper to state that in many cases electricity should be applied, if only to prevent further degeneration of the muscles, for the patient would proceed from bad to worse without it.

In this case, however, there is prospect of decided benefit from the systematic daily application of the current, rubbing of the affected limbs, and due attention to general nutrition with occasional tonics and nourishing food.

[Great improvement in the child was observed from this regimen, and during the hot weather she was sent to the sea-shore.—REP.]

#### HEMICHOREA, IRREGULAR HEART, REMARKS UPON PATHOLOGY.

This little fellow has a marked disturbance of the muscles, which is known as chorea. The muscles, especially of the left side, are kept in constant jactitation. The heart is also choreic; there is considerable cardiac irregularity. When his attention is fixed upon things around him, the movements are less marked, but still there is more or less motion in the affected limbs all the time.

He has been brought before you for the purpose of indicating the proper treatment. His mother says that he has been thus affected ever since his birth.

In such a case there is usually a stunted condition of the bodily development, requiring for successful treatment a process of education. The child would get much worse if neglected. Our aim will be to promote general nutrition, but especially directing our attention to the nervous system. The lacto-phosphate of lime combined with the syrup of hypophosphites, or cod-liver oil, and arsenic would be useful. He shall have—

R—Syrupis calcis lacto-phosphatis, ʒj.

Liquoris potassii arsenitis, gtt. ij.—M.

S.—Thrice daily.

It should be kept up for a considerable length of time; the amount of arsenic to be gradually reduced.

#### HYSTERIA WITH SUB-INVOLUTION OF UTERUS.

The next case is one of a kind similar to some that I have had before you; she is subject to attacks of nervousness; has a marked *globus hystericus*. You observe that she is pale and anæmic; indeed her face presents a marked degree of pallor. She has a poor appetite, food distresses her, and is very imperfectly digested. We learn that she was confined five months ago, the child being delivered with the forceps. She had a slow getting up. She has irregular menstruation, with a scanty flow. What must be her condition? Remember, there was a protracted, instrumental delivery; a slow getting up. We may safely assume, especially as she has suffered from disturbed menstruation, that the condition exists known as uterine sub-involution, in which the womb, instead of being restored to its proper size, has remained large and heavy, or in a state of chronic metritis. Instead of being full of blood its form is enlarged from actual tissue hypertrophy; not from congestion, but from increase of texture. The chronic metritis is the central point in the case.

In applying remedies we should first endeavor to bring about a change in the condition of the



uterus; and, secondly, we must look after the digestion and assimilation. She may take—

R—Extract. ergotæ,	gr. ij.
Ferri sulphat.,	gr. j.
Ext. nucis vomicæ,	gr. ½.
Hydrarg. chlor. corrosiv.,	gr. ʒss.—M.
S.—Ft. pil. ter in die sumend.	

This will improve the condition of the digestion and the state of the blood; or, at least, I hope by it to bring about a change in the functions of nutrition and blood-making, as well as to act upon the uterus and promote involution.—*College and Clin. Record.*

## EPITHELIOMA OF THE RECTUM. OPERATION.

BY ALFRED C. POST, M.D., NEW YORK.

Joseph Mowett, æt. 53; Scotland; widower; machinist. Admitted into Presbyterian Hospital. April 1, 1880. Family history good. Enjoyed good health until last summer, when he had an attack of yellow fever. Eight weeks before admission he began to lose flesh and strength. Three weeks later he began to have frequent fluid passages from his bowels, with severe bearing-down pain, which continued to the date of his admission, with slight intermissions. The loose evacuations contained mucus and blood. At the time of his admission he had seven to ten passages in twenty-four hours. Examination with a finger revealed an irregular, indurated, cock's-comb shaped tumor, an inch above the anus, at the junction of the left and posterior wall of the rectum, about two inches in length, and involving two-thirds of the circumference of the bowel. Chalk mixture with camphorated tincture of opium was ordered to relieve the diarrhœa.

April 5th.—Passages more nearly normal in appearance, less frequent and less painful.

April 10th.—Continued improvement; three to five passages in twenty-four hours, very little pain, no mucus, but occasionally a little blood. A consultation of the surgeons was held, and the operation of proctectomy was advised.

April 12th.—The patient was etherized, and the operation performed in the following manner: Two semi-elliptical incisions were made, one on each side of the anus, an inch from its margin, meeting in the perineum in front, and near the coccyx behind. These incisions were carried down to the muscular coat of the rectum above the sphincter, the rectum being drawn down by a vulsellum. The fibres of the levator ani were divided, and the incision was extended upward, until a line was reached corresponding with the upper extremity of the neoplasm, as felt by the introduction of a

finger within the gut. The morbid growth occupied the left side of the rectum, from near the median line posteriorly to the junction of the left with the anterior wall of the intestine. An incision was made through the rectum, a third of an inch on the right side of the median line posteriorly, and another through the anterior wall of the bowel near the median line, leaving between the two incisions a strip of healthy tissue, including about two-fifths of the circumference of the gut. The left side, including the diseased growth, was then drawn down and divided transversely above the diseased portion, little by little, each bleeding vessel being tied in the progress of the operation, until the whole mass was removed. The portion of the sphincter connected with the sound flap on the right side being regarded as superfluous and interfering with drainage, was removed, and the remainder of the flap secured by suture to the skin. Toward the close of the operation the circulation became quite feeble, and the pulse at the wrist imperceptible. Two hypodermic injections were administered, each containing thirty minims of whiskey.

6 P.M.—The patient has recovered from the effects of the ether, but he has a haggard look and a feeble pulse. Half an ounce of whiskey was given to him, and the dose was repeated after an hour. 10 P.M. Circulation much improved. Patient does not complain of any pain.

April 13th, 2 A.M.—No urine has been passed since the operation. A catheter was introduced, and seven ounces were drawn off. As there was some oozing of blood from the wound, a mixture was prepared, containing 40 minims of liquor ferri subsulph. with an ounce of water, and the patient was directed to take a drachm every three hours. In the middle of the day, as the quantity of urine drawn off by the catheter was scanty, infusion of digitalis was ordered, half an ounce three times a day. In the afternoon he had a movement of the bowels without pain. The stool was clay-colored and cylindrical. The wound was dressed with lint, moistened with carbolic oil, 1 to 10. The patient was directed to confine himself to a liquid diet.

April 15th.—Patient continues to do well. He takes his food regularly. He has two or three semi-solid stools in 24 hours. The wound is repacked with lint, moistened with carbolic oil after each stool.

April 17th.—Urine is regularly drawn off with a catheter. The secretion is more free, and the infus. digitalis was directed to-day to be discontinued. The wound is granulating; and is in a healthy condition.

April 20th.—In passing the catheter, some difficulty is experienced, there being an apparent obstruction in the membranous portion of the urethra. A steel sound of 30 mm. was passed

into the bladder, stretching, and probably divulging the urethra.

April 21st.—Since the passage of the sound, the patient urinates without a catheter. He has occasional cramps in his bowels, which are always relieved by morphia sulph. gr.  $\frac{1}{8}$ .

May 15th.—There has been steady improvement in the condition of the patient. The right side of the rectum, which was attached by sutures to the integument, united with the skin by the first intention. The left side, which was widely separated from the skin, has come down within half an inch from it, and the intervening space is filled with healthy granulations. There have been occasional attacks of diarrhoea, always relieved by bismuth, in five-grain doses, combined with sulph. morphia, gr.  $\frac{1}{6}$ . The patient's mind is a little confused. He has a singular hallucination, that the members of the house staff have conspired to chloroform him and cut him up. This hallucination probably originated in the fact that there was a case of secondary hemorrhage in the same ward, in which the house-surgeon was obliged to reopen a wound to secure some bleeding vessels.

June 3rd.—The patient has for some time past been able to put on his clothes, and to walk about the ward and the corridors. He continues to be troubled with his old hallucination, and to-day he absconded from the hospital.

In reviewing this case, its most remarkable feature seems to be the very moderate amount of local distress, or of constitutional disturbance, following so grave an operation. On the 13th of April, the day after the operation, the highest rate of the pulse was 96, and the highest temperature  $100^{\circ}$ . On the 14th, pulse 100; temperature  $101^{\circ}$ . On the 15th, pulse 100; temperature  $101^{\circ}$ . On the 16th, pulse 96; temperature  $101.2^{\circ}$ . On the 17th, pulse 96; temperature  $101^{\circ}$ . On the 18th, pulse 92; temperature,  $100.7^{\circ}$ . On the 19th, pulse 92, temperature  $100.6^{\circ}$ . On the evening of the 20th, the temperature descended to  $98.5^{\circ}$ , and from that time pulse and temperature were normal. The local symptoms, from the day after the operation, were equally mild. There was scarcely any complaint of pain, and the healing process went on without interruption. The progress of the case in all respects, except the mental condition of the patient, was entirely satisfactory.

It is a matter of regret that the patient could not be induced to remain longer in the hospital, and that the opportunity of watching the result of the operation for a more extended period was lost. The patient was under observation for a little more than seven weeks after the operation, and during this time the very extensive wound had nearly healed, and there was reason to hope that he might enjoy a long reprieve, if not a full immunity from a return of the disease.

## THE LATE MISS NEILSON.

Dr. W. E. Johnston, of the Boulevard Malesherbes, Paris, writes to *The Times* as follows:—"For the last five years I have had the charge of Miss Neilson's health during her visits to Paris, one of the treatments running through a period of four months. The disease from which she suffered mainly was gastralgia—one of the forms of dyspepsia attended with neuralgia of the stomach, a form extremely fantastic in its coming and going, and in her case quite as dependent on moral causes as on errors of diet. The last fatal attack in the Bois de Boulogne was evidently one of her usual attacks of gastralgia, which might have been relieved then, as it often had been relieved before, by a free use of morphine. The unfortunate lady sent her maid for me at seven o'clock, but to my great regret I was absent that night on a visit to my family in the country, and did not hear of her illness till I heard of her death. At three o'clock in the morning, twelve hours from the commencement of the attack, during a most violent recurrence of pain, she suddenly ceased to complain, and went into a state of syncope. The post-mortem examination made the next day by Dr. Brouardel, Professor of Legal Medicine at the Medical School of Paris, and now one of the first authorities in Europe in legal medicine, disclosed the extraordinary fact, one of the rarest in the history of medicine, that in her writhing she had ruptured a varicose vein in the left Fallopian tube, and had died from internal hemorrhage. Two quarts and a half of blood were found in the peritoneal cavity, and the ruptured vein presented an orifice of from four to five millimetres in diameter."

The following additional particulars of the fatal illness of the distinguished *artiste* will be read with interest:—Dr. Monnier, of 12, Rue Copernic, was sent for and arrived at 4 o'clock. He found great physiological disturbance and vesical irritation, pains in the back, and oppression of the chest with difficulty of breathing; pulse scarcely perceptible. He ordered tea; administered laudanum and ether, and gave instructions for linseed-meal poultices to be applied. The pain was not permanently relieved. Syncope occurred shortly afterwards, but the patient was restored by the application of warmth. Some time subsequently copious vomiting set in. About this time in the case a curious incident occurred, which somewhat disturbed the patient: a bat flew in at an open window and hovered around the bed. "Look at that great bird flying about me!" said Miss Neilson. After a while she grew quieter, and Dr. Monnier took his leave. Subsequently Dr. Cantillon was called in and ordered two pills (Colocynth), which acted freely. At 2.30 Dr. Monnier received an intimation that the patient was worse. On arrival at the house he found the patient asleep, but was somewhat



alarmed by her appearance. On returning to the room after a short absence, he discovered Miss Neilson had been dead about half-an-hour.—*London Lancet*.

## OLIVE OIL FOR THE SOLUTION AND EXPULSION OF BILIARY CALCULI.

BY RODERICK KENNEDY, M.D., BATH, ONT.

It is scarcely a matter of doubt that the means resorted to for the solution and expulsion of biliary calculi have hitherto proved slow and uncertain in their operation. Systematic writers, as a rule, do not attach a great deal of weight to the value of the so-called solvents. Not a few incline to the view that remedies of this kind are practically all but inert. Others assert in plain terms that medicines having these powers do not exist. Chloroform alone, or with ether, in the hands of some, is said to have removed these bodies, but this mode does not seem to have come into general use, probably because it requires time, and the proof of success is inferential. A simple medicine, readily available in practice, and having the power of softening and expelling biliary calculi, it will be admitted has hitherto been a desideratum. Such a medicine I have, during the past year, used in a variety of cases, and, I am happy to say, always with complete success. In every instance in which the calculi were proved, or presumed, to have been the cause of periodic suffering, these bodies were promptly and painlessly expelled in larger or smaller numbers by the use of *large* doses of olive oil. In some instances lately, where the patients did not exhibit symptoms of such acute suffering as are more commonly witnessed, but where obstruction to proper flow of bile was evident, I had recourse to this remedy, and in these cases also have been rewarded with similar surprising and satisfactory results.

A brief notice of a few cases illustrating the effects of the means used may prove to be not without interest.

Robert C—, of Adolphustown, an elderly farmer, had for some years been subject to hepatic disorder, attended with the occasional passing of gall-stones. The intervals between the passing of the bodies had gradually become more brief, and lately the paroxysms, always characterized by intense suffering, had come on at intervals of about a week with great regularity. I found the patient anæmic, sallow, and very much exhausted. The usual remedies for the gradual solution of the stones had been tried, but radical relief not being obtained, mitigation of the intense suffering was what, previous to my being sent for, had been principally aimed at. I ordered six ounces of the oil to be taken at bedtime, to be followed in the

morning by a full dose of castor oil. No motion of the bowels was obtained till next evening, after the administration of an enema. Twelve hours after taking the oil, the patient began to complain of a good deal of nausea and faintness, and for several hours there was considerable restlessness, and constant apprehension that the usual paroxysm was about to come on, but no acute pain. In the evening the enema was followed by several copious motions, each containing numbers of softened gall-stones, amounting in all to no fewer than two hundred, varying as to size from a large hickory-nut to a small pea, of a pale yellowish-green color, semi-transparent, soft, easily broken up, and of a great variety of shapes. The patient had a good night's rest, and expressed himself in the morning as feeling very much better, and enjoyed a light breakfast. After the lapse of two days, the paroxysms threatening to return, I ordered the oil to be repeated two nights in succession. The expulsion of a quantity of slimy bilious-looking matter followed, but no more calculi. The calculi had evidently become dissolved. The patient was left with directions to repeat the use of the oil a few times, at intervals of two or three weeks, and after this as might be indicated by the recurrence of symptoms threatening the return of the paroxysms. I saw the patient five months after my visit. While there were indications of organic disease of the liver, no more calculi had been passed, and the paroxysms had ceased to return.

Mrs. W. F—, of Ernestown, presented a case very similar to that of C—. She had for some years suffered from fits of intense pain, generally coming on after a hearty meal. She was directed to take full doses of the oil for two consecutive days. She passed about two hundred calculi, varying in size from a grain of wheat to a filbert. The periodic attacks of pain ceased with the removal of the gall-stones.

Gabriel B— and Clinton F—, both of this township, each presented a case of hepatic disease, characterized by obstruction to the flow of bile, accompanied by severe pain. The oil was administered with the effect of removing softened calculi of considerable size, but in smaller numbers than in the preceding cases, the general symptoms being relieved. A number of other cases might be referred to, in all of which the power of the oil to soften and facilitate the expulsion of biliary calculi was shown to be prompt and unequivocal.

The material point which may be deduced from these cases is that olive oil, administered in repeated *large* doses, seems to have an unquestionable power of so softening and partially dissolving biliary concretions as to render their expulsion comparatively easy.

Another fact I have noticed is, that although the administration of the oil at intervals of a few weeks or months does prevent the re-formation of the

concretion for the time, yet the resort to the oil alone does not alter the causes or diathesis upon which the formation of these bodies depends.—*The London Lancet.*

THE LAW OF SLANDER AS APPLICABLE TO PHYSICIANS.—The following extracts are from a paper which appeared in the August number of the *American Law Register*, of Philadelphia, from the pen of Mr. W. H. Whittaker, attorney at law: There is, perhaps, no class of professional men more subject to abuse, and, it is believed, more powerless to obtain redress than physicians. About clergymen, the law has thrown its protecting arm and public opinion has been wont to overlook, if not to pardon their shortcomings. The clergyman is a sort of privileged person, whose character is tried before, and whose conduct is regulated by ecclesiastical tribunals to which the courts of law have relegated it. Lawyers can take care of themselves.

For alleged professional misconduct, incapacity or ignorance, for rumored unskilful treatment of diseases, physicians who choose may have recourse to legal proceedings. But to cowhide the editor or sue the newspaper for the circulation of a libel, may be said in either case to be social suicide. The physician must grin and bear it. But if he braves public opinion and asserts his rights, if he endeavors to obtain satisfaction at law, the chances are, to say the least uncertain. It is doubtful, as the law now stands, what charges of misconduct in a physician in a single instance are actionable. One court *Camp v. Martin*, 23 Conn. 86) has held that words spoken of a physician, charging him merely with ignorance or misconduct in the treatment of a particular case were not actionable, *per se*. The words were, "If Dr. C. had continued to treat her, she would have been in her grave before this time. His treatment of her was rascally." Another court (*Secor v. Harris*, 18 Barb. 425) has adopted a contrary view in a similar case, where the words were: "Dr. S. killed my children. He gave them teaspoon doses of calomel; it killed them; they died right off, the same day." This last is no doubt a more aggravated case, but it is difficult to understand the grounds upon which the principle was distinguished in the two cases. \* \* The question still remains, when do the misrepresentations of a physician's practice in a particular case warrant the presumptions of damage? It is allowed that slanderous words alleging gross ignorance generally, or such ignorance or thorough incapacity as unfits him for the proper exercise of his profession, are actionable *per se*. To say of a physician: "He is a quack;" (*Pukford v. Gutch*, Dorchester Assizes, 1787); or "He is an empiric and a mountebank;" (Vin. Abr. Act. for Words, S. a. 12); or "He is a quack; if he shows you a diploma it is a forgery;" (*Moises v. Thornton*, 8

Term Rep. 303); or "He is no doctor; he bought his diploma for \$50;" (*Burgold v. Puchta*, 2 Thomp. & C. (N.Y. 522); or "He is a drunken fool and an ass and never was a scholar;" (*Cawdrey v. Tetley*, Godb. 441); or "He has killed six children in one year;" (*Carroll v. White*, 33 Barb. 615); or "It is a world of blood that he has to answer for in this town through his ignorance. He was the death of J. P. He killed his patient with physic;" (*Tully v. Alewin*, 11 Mod. 221); or "I wonder you had him to attend him. Do you know him. He is not an apothecary; he has not passed any examination. He is a bad character; none of the medical men here will meet him. Several have died that he has attended to, and there have been inquests held upon them;" (*Southee v. Denny*, 1 Ex. 196.) In all these cases it has been held that damages are inferable without proof; but to say of a physician, "He is so steady drunk that he cannot get business any more;" (1 Ohio 83 n.); or "He is a two-penny bleeder;" (*Foster v. Small*, 3 Whart. 138); or to charge an allopathic physician with having met homœopathists in consultation, and that in the opinion of the profession it was improper to do so and against etiquette, and further, that in the opinion of the profession it was disgraceful to meet a homœopathist in consultation (*Clay v. Roberts*, 8 L. T. N. S. 397); or to charge him with adultery not necessarily touching him in his profession without showing that it was connected with his profession (*Ayre v. Craven*, 2 Ad. & E. 2), have been held not actionable *per se*.

While the authorities are generally agreed as to charges of gross ignorance or incapacity in the exercise of the duties of the physician, it is not easy to determine what words are actionable in themselves in special instances. In analogous, and even in precisely similar cases, the courts are divided. Where the words were: "He killed my child; it was the saline injection that did it;" (*Esdall v. Russell*, 4 M. & G. 1090); or "He has killed my child by giving it too much calomel," (*Johnson v. Robertson*, 8 Porter 486), they have been held actionable *per se*. And, on the contrary, the words, "He has killed his patient with physic," (*Poe v. Mondford*, *supra*), or "In my opinion, the bitters A fixed for B, were the cause of his death," (*Jones v. Diver*, 22 Ind. 184), or "He gave my child too much mercury, or made the medicines wrong through jealousy, because I would not allow him to use his own judgment," (*Edsall v. Russell*, *supra*), have been held not actionable in themselves.

In the examination of these cases, it will be found that where the physician is charged with killing his patient, the words have been held actionable on account of the imputation of crime which they import, and the only case in which such language has been held not actionable, is that of *Poe v. Mondford*, of an early origin. The case



was rejected by the court in *Secor v. Harris*, on the ground that it was decided at a time when the doctrine of *mitior sensus* prevailed. And as for the case of *Fones v. Diver*, the court held that the words were not actionable, because they did not import a charge of murder; that if the defendant had said that "the bitters Dr. D. gave John Smith, caused his death; there was enough poison in them to kill ten men," he would have been held guilty of the charge, and the words have then been actionable.

How such words necessarily import the crime of murder or manslaughter, in the absence of any expression of intention, is not quite clear. This was not the ground of the decision in a case of a non-professional, charged with having destroyed the life of a patient by mistake, but well-meant efforts to save his life: *March v. Davison*, 9 Paige (N.Y.) 580. But even if the words do not import the charge of crime or of gross incapacity generally, there seems to be reason for holding that they should be actionable. It is true, as was said in a former case, that a physician might make a mistake in his treatment of a disease, because it was rather a proof of human imperfection than of culpable ignorance, but the consequences are often as fatal to him as though the charge was a general one. His mistake might be of "that pardonable kind" which would do him no injury in his profession, but the public might not pardon it. And what if he is not guilty of the charge? What if he has done his duty towards his patient, and has adopted every means in his power, and such as were recognized in the profession as suitable for the case, to restore him to health? The consequences, so far as the public are concerned, are the same, with the additional mental suffering which every man must undergo whose conduct and whose actions are grossly misrepresented before the community at large. True, the law does not deny him remedy, if he chooses to take it. Perhaps it would be more fatal to resort to legal proceedings in any case. If he does, he is compelled to show special damages, for none will be inferred. This alone would cause many to hesitate before bringing an action. The difficulty attendant upon proving damages, the length of time intervening between the publication and consequences of a slander, would deter many from the prosecution of the slander.

As the cases now stand, one may bring almost any charge of misconduct against a physician in a particular case, without subjecting himself to an action for damages *per se*, provided it does not come within the category of a statutory crime, or impute to him general incapacity.

TREATMENT OF RENAL EPILEPSY.—Dr. Eben. Duncan, (*Glasgow Medical Journal*) gives the following as his treatment of renal epilepsy in par-  
turient women. The treatment of renal epilepsy

occurring in young robust women must be prompt and energetic. Every successive attack of convulsions increases the congestion of the kidneys, and tends to produce congestion of the brain. The tendency is to death, either by spasm of the respiratory muscles or by apoplectic effusion. When called to such a case, during an epileptiform attack, the physician should administer chloroform in order to avert the danger of death by asphyxia; and if the patient's pulse be full and strong, she should be bled from the arm to the extent of 12 or 15 ounces. I have been convinced, by repeated observation of such treatment in various forms of acute organic congestion occurring in otherwise healthy persons, that moderate venesection is not only free from any evil results, but is more speedily and certainly followed by good results than any other remedy which can be suggested. Hydrate of chloral should also be administered in all such cases, either by the mouth or by the rectum, in order to keep up a continuous soothing action upon the excited nerve centres. It may be repeated in doses of 30 grains every two hours if necessary. Even in epilepsy proper, I have found that chloral succeeds in controlling these sudden explosions of nerve force when bromide of potassium and other remedies have utterly failed. If labor does not occur spontaneously, and if the convulsions occur in spite of these remedies, I believe it is necessary to evacuate the uterus as speedily as can be safely accomplished. Barnes' bags are a most valuable means of dilating the os uteri, which I have repeatedly had recourse to in various emergencies. I have found by experience that the gum elastic uterine tube used with the syringe for the injection of perchloride of iron, is the best instrument for placing these bags in position and retaining them within the os during their subsequent distension. When the os is fully dilated and the membranes ruptured, the application of the forceps is usually devoid of danger. The means which may be necessary to hasten labor must vary according to the circumstances of mother and foetus. It is essential to the safety of the patient that she should be put fully under the influence of chloroform before any such obstetric operation is attempted, otherwise the irritation of the uterine and vaginal nerves so produced may, by their reflex action, give rise to a fresh epileptiform seizure.

When the immediate danger of the convulsions is combated, we must endeavor by every means to promote the excreting power of the kidneys, and to assist these organs by acting freely upon the bowels and skin. I have found as a matter of experience that benzoic acid, combined with a saline diuretic such as acetate of potash, promotes greater diuresis than either of these remedies when administered alone. It was introduced into practice as a means of neutralising the carbonate of

ammonia which, until lately, was erroneously supposed to exist in excessive quantity in the blood of uræmic patients. I still believe it to be a valuable remedy in these cases on account of its diuretic action.

In conclusion, in such puerperal cases, until the kidneys have been got to act freely, and the patient's general condition is quite satisfactory, I would urge the importance of having her constantly under the supervision of some one who is capable of giving her chloroform, and if necessary, using other means, to prevent the calamity which happened to my first patient. Her life, I firmly believe might have been saved by the timely administration of remedies.

#### STRYCHNIA IN THE TREATMENT OF MYELITIS.

—At the meeting of the American Neurological Association, in June last, an interesting discussion took place, partaken in by Drs. Jewell, Beard, Hammond, Grey, Seguin and others, on the treatment of myelitis. Dr. Jewell opened by stating that in several cases of advanced myelitis, he had, after the failure of the usual treatment with bromides, ergot, etc., put the patient under the influence of strychnia in increasing doses, with the most favorable results. In one case the amount was increased to almost a toxic dose (one-tenth of a grain), with advantage. With this apparently anomalous treatment he enforced rest, as nearly absolute as it could be made. Several of the other speakers expressed their surprise at this employment of strychnia as being contrary to their own experience, and not agreeing with the physiological therapeutics of the disease. In reply Dr. Jewell said that he did not claim to explain its action in these cases, but he could conceive that it perhaps gave a better tonicity to the spinal blood-vessels in certain cases. He should never give it while there were any febrile symptoms remaining; but he thought that after the disease had progressed to a certain extent, then strychnia might be tried, and if the acute stage had passed, and there was no softening, then the stimulative action of strychnia would do good. If there was softening it could do no harm. He thought it might often be employed earlier in the disease than is commonly deemed possible, and in stages where most physicians gave ergot and bromides to bring about contraction of the blood-vessels. He had used iodide of potash along with strychnia in some of his cases, but the improvement seemed to follow the use of the latter drug more than the former.

We have ourselves observed the good effects of strychnia in one of the most striking cases mentioned by Dr. Jewell. It might have well been called a case of active myelitis. The paralysis had advanced steadily and rapidly up the body in a few days, till the patient had no bodily consciousness or power below the diaphragm; a sacral slough

had started, and respiration began to be embarrassed. He was given up by his friends, and it was thought by them that his life was limited to hours rather than days. The ergot was abruptly discontinued at this stage, and he was put upon strychnia in rapidly increasing doses. The paralysis was checked in its advance; improvement was noticeable within twenty-four hours, and from this time his recovery, if not as rapid in its progress as had been his disease, was continuous with the use of the remedy. As far as one case could be, this seemed conclusive as to the advantages of strychnia in the treatment of myelitis. It may not be advisable to begin the treatment of every, or, indeed, of any case of myelitis with strychnia, but there are doubtless many that ought not to be given up till it has had a fair trial. The above case, and it seems to be supported by others in Dr. Jewell's practice, makes it appear probable that, even in the last stages of the disease, a vigorous strychnia medication may often be of the utmost value.—*Chicago Med. Review.*

HYGIENE OF THE MOUTH IN SYPHILIS.—Dr. E. L. Keyes (Venereal Diseases) says that on account of the necessity of giving mercury, and of the danger of salivation, lesions of the mouth and throat, which are very obstinate in this disease, should be avoided as far as possible by cleanliness of the mouth and freedom from irritants. Before the mercurial course is commenced let the teeth be put in order by a dentist; let all tartar be removed, old stumps extracted; let any sharp angles of the teeth likely to come in contact with the tongue be filed away. Any reaccumulation of tartar during the progress of treatment should be removed. Let a soft toothbrush be used. The toothbrush or powder should be strongly alkaline and slightly astringent. A half-teaspoonful of bicarbonate of soda and a teaspoonful of the tincture of myrrh, in a glass of water, or white castile soap and water, or a weak solution of alum in water, make excellent tooth-washes. With such care mucous patches become less annoying and easier to manage, and the effect of the mercury may be more closely watched, since one is not in the habit of being misinformed as to the cause if the edges of the gums become soft and tender. Smoking is also entirely contra-indicated during the first year or two of syphilis, as it is apt to induce a greater number of mucous patches and mouth lesions than would otherwise occur. Tobacco-chewing is equally bad, or worse. Highly spiced or stimulating food may help to keep the mouth tender, and should therefore be avoided. A pipe is a dangerous thing in syphilis, owing to the risk of infection, if it is used by healthy persons, because the secretions of mucous patches and syphilitic ulcers in the mouth are specially contagious.—*Chicago Medical Review.*



DR. HOWARD'S METHOD OF RESTORING A PERSON APPARENTLY DROWNED.—P., in *Brit. Med. Journal* of July 31st :

This is the plan taught by a man  
In America much renowned,  
To give back breath and snatch from death  
A body apparently drowned.  
Those who are the standers-by  
Off his wet things now must take,  
Must rub him very warm and dry,  
And of his clothes a bolster make.

The first step is to make him sick,  
So turn him on his face ;  
Your roll beneath his stomach stick,  
And the corresponding place  
Upon his back press thrice or more ;  
Each time you press count slowly four.

The next thing is to make him breathe ;  
Therefore turn him round,  
Put your roll a bit beneath  
Where the shoulder blades are found ;  
Then place his arms above his head,  
His hips between your knees ;  
Your hands upon his ribs you spread,  
And his sides together squeeze.

With elbows steadied on your hips,  
You sudden forward press ;  
The weight of your body as it tips  
Will make this labor less.  
Backward and forward now you go,  
Eight or ten times per minute, slow,  
At the very least for an hour or so.

If the breathing does come back,  
Let it have its way ;  
But if it should get too slack,  
Quicken it you may.  
When he breathes, the standers-by  
Who all the time have rubbed him dry,  
Put him in the bed they will,  
And leave him now to doctor's skill.

THE HOMŒOPATHIC CONGRESS.—The *London Lancet* in commenting on the recent meeting in Leeds, says: When every other body of men is having its Congress it would be hard if the Homœopathists were not to have theirs. Accordingly they have been meeting in Leeds, and have been trying to take a hopeful view of their position in the world. To do them justice we must say that the principal speakers spoke with a modesty and a certain vagueness which contrast favorably with the old and intolerant style of the master. The principal object of the President, Dr. Yeldham, in his address, was to magnify the element of certainty in medicine. This is a sentiment so proper that we can all accept it. But the question is, What is certain? The homœopathic doctrine has been so roughly handled lately by leading homœopaths, that we must consider it, to say the least, very uncertain. We have been lately told by the leading homœopathist in London that the principle of cure is sometimes *similia* *similibus*, and sometimes *contraria contrariis*,

whereas the master said that no future experience would qualify the principle of *similia* as the one and only principle of cure. Recent homœopathic practice raises still stronger doubts about the certainty of the other thing that the master insisted on as established—viz., the virtue of infinitesimal doses. Every now and again good, simple homœopaths, of which a few still survive, are shocked by the rebellion of unworthy disciples. Formerly homœopathy had only to contend with the disadvantage of divorce from scientific medicine ; now it has to bear the fate of a divided house. At the dinner in the evening Dr. Yeldham tried to speak comfortably to his brethren on the subject of the slow progress of homœopathy. He thought great reforms were always slow ; but considering the reasonableness of the age, and the fast rate at which truth and falsehood are exposed, it is certainly becoming a serious argument against homœopathy that eighty years after its promulgation it is as much without scientific recognition as it was two generations back. About the same time that homœopathy was announced Jenner announced the efficacy of vaccination. Let anybody contrast the fate of the two announcements : the one accepted by every civilised country, and by every medical school in the world : the other without recognition in any European University, even in Germany, the land of its origin.

"NARCOLEPSY."—Under the name of narcolepsy M. Galineau describes, in the *Gaz. des Hôp.* (British Med. Journal), a rare form of neurosis, characterized by an irresistible desire to sleep, sudden in its onset, lasting but a short time, and recurring at more or less prolonged intervals. This neurosis has some analogies with somnolence and catalepsy. It was described for the first time, in 1862, by Dr. Casse, who referred it to a serous and passive congestion of the meninges and of the brain. The persons suffering from it fall asleep any moment ; their sleep lasts for a few minutes, and they then recover their consciousness. The patient whose case is reported by M. Galineau fell asleep in this way four or five times during his dinner, letting his knife or fork fall, and breaking off in the middle of a sentence he was uttering. Up to the present time the most varied kinds of treatment have failed to give any good results.

THE ASPIRATOR AS A GUIDE TO COLOTOMY.—For the purpose of illustrating the use of the aspirator as a guide to operation in obstruction of the bowel, Dr. Maclaren of Carlisle (*Brit. Med. Journal*), reported a case in which he had employed it—Mrs. R., aged 43. At the time when operation became necessary from threatened collapse, there had been no motion for nine days. There was some evidence that the stoppage was in the colon ; but, from the absence of marked physical signs,

the exact seat was doubtful. It was a question whether it would not be better to open the small bowel close to the cæcum rather than run the risk of cutting down on the colon below a stricture. Aspiration of the ascending colon settled the question by withdrawing liquid fæces and air; and right colotomy relieved the patient. Five days after the operation, the patient passed some fæces *per anum*, and in a short time she had daily an apparently natural motion. Two months after the operation, she was found dead in bed, though she had been strong and well on the previous day. A *post mortem* examination showed degenerated heart-muscle, which accounted for the sudden death. In the bowel, just above the sigmoid flexure, was a cancerous mass. This did not then occlude the bowel, but had at the time when she suffered from the obstruction. In conclusion, the paper drew attention to the very valuable aid to diagnosis which aspiration afforded in this class of cases, by determining whether a given portion of the great bowel contains liquid fæces or not.

ON THE TREATMENT OF RHEUMATISM.—Dr. Thomas calls attention to a combination of salicylic acid which he has used many times with good results in both acute and subacute rheumatism, as well as in a few cases of the disease. For this combination he claims the following advantages: that it does not disturb the digestive system; that it is very palatable; that it forms a perfect solution of salicylic acid; that it is effective in curing the disease; that it produces no bad effects upon the heart; and that it is less depressing than salicylate of soda. The formula is as follows:

R Potass. acetat. ℥ii.  
Acid salicyl. ℥ss.  
Syrup. limon. ℥ij.  
Aq. menth. pip. ℥iv. M.

It is best prepared by placing the potash and peppermint water in a porcelain mortar and gradually adding the acid, triturating to perfect solution, and then stirring in the syrup. The dose is a tablespoonful every two, three or four hours, or oftener, according to the violence of the attack. This dose gives 20 grains of the acid to 80 grains of the acetate. In the robust class of patients without complications, Dr. Thomas relies exclusively upon it, with an occasional hypodermic dose of  $\frac{1}{60}$ th to  $\frac{1}{40}$ th of a grain of atropia, or combined with morphia in cases where the atropia alone is insufficient to allay the pain; such patients are usually convalescent in five or six days.—*The American Practitioner*, May, 1880.

EXTRACTION OF THE UTERUS BY A MIDWIFE.—This case is copied by the *American Journal of Obstetrics*, from the *Archiv für Gynaekologie*. The midwife had tried to remove the placenta by

traction on the cord, which, however broke, so that the midwife introduced her hand into the vagina and brought out the placenta. But it seemed to her too small; and since the rather profuse hemorrhage continued, she introduced her hand once more. To the left side she found a spherical body that was movable, and which she pulled out. At the same time the patient complained of a very severe and sharp pain in her left side, and continued to lose blood. Dr. Hartwig was sent for and found this latter tumor to be the firmly-contracted uterus, with part of right and left broad and round ligaments and tubes. Dr. H. found the vagina full of blood, and higher up intestinal convolutions. The vagina was cleansed and a linen tampon applied, and wine and salicylate of soda given internally. The patient recovered without much trouble. The roof of the vagina was thoroughly cicatrized on the twenty first day. Polydipsia came on, lasting for one year, then disappeared gradually.

#### DIABETES INSIPIDUS TREATED WITH ERGOT.—

In the *Brit. Med. Jour.*, Dec. 25, 1875, is recorded the case of a man who suffered from diabetes insipidus, and was successfully treated with ergot, after the failure of jaborandi and other remedies. Half a drachm of the liquid extract of ergot, every three hours, reduced the urine in twenty-four days from twenty pints to a pint and a half; increased its specific gravity from 1,002 to 1,017; and removed the excessive thirst and other distressing symptoms from which he had suffered for two years. A few days ago the reporter of the case, Dr. Murrell, accidentally met the patient and was told that he had never had a day's illness since he left the hospital, four and a half years ago. His urine was normal in quantity and he did not suffer from thirst. He was strong and well in every way, and able to do a good day's work. The ergot cured him completely, and Dr. Murrell adds that it is to be regretted that this mode of treatment is not more commonly employed in these cases.—*N. Y. Med. Record*, from *Brit. Med. Jour.*

BROMIDE OF POTASSIUM SPRAY IN WHOOPING COUGH.—The good effects of bromide of potassium in the treatment of whooping cough are well known to all practitioners. According to Dr. Winterben, in *La France Médicale*, the action of this remedy may be made still more efficacious by bringing it in contact with the mucous membrane of the air passages in the form of spray. The author habitually uses a solution of bromide of potassium, one in twenty, and repeats the application of the spray for one minute after each fit of coughing, when the mucous membrane of the breath passages, free from the mucus which usually covers it, is accessible to the action of the remedy.—*Med. and Surgical Reporter*.



SICKNESS IN MICHIGAN.—Reports to the State Board of Health, Lansing, for the week ending July 17, 1880, by 65 observers of diseases in different parts of the State, show causes of sickness as follows :—

Diseases.	Number.	Per cent.
Asthma.....	1	2
Brain, Inflammation of.....	3	5
Bowels, Inflammation of.....	13	20
Bronchitis.....	27	42
Cerebro-spinal Meningitis....	1	2
Cholera Infantum.....	31	48
Cholera Morbus.....	46	71
Colic.....	1	2
Consumption Pulmonary.....	42	65
Croup, Membranous.....	0	0
Diphtheria.....	17	26
Diarrhœa.....	57	88
Dysentery.....	25	38
Erysipelas.....	15	23
Eyes, Inflammation of.....	1	2
Fever, Intermittent.....	58	89
Fever, Remittent.....	38	58
Fever, Typhoid (Enteric)....	7	11
Fever, Typho-malarial.....	13	20
Influenza....	8	12
Liver, Inflammation of.....	1	2
Measles.....	14	22
Neuralgia.....	35	54
Pneumonia.....	11	17
Puerperal Fever.....	4	6
Rheumatism.....	39	60
Scarlatina.....	6	9
Small-pox.....	0	0
Tonsilitis.....	17	26
Whooping-cough.....	27	42

By the last column, it will be seen that the most widely distributed disease was intermittent fever, (ague); next to that diarrhœa; next to that, cholera morbus; no cases of small-pox; scarlet fever in only 9 per cent. of the localities.

HENRY B. BAKER,

Secretary State Board of Health.

GLYCERINE IN FLATULENCE, ACIDITY, AND PYROSIS.—Drs. Sidney Ringer and Murrel state that they have found glycerine very useful in flatulence, acidity, and pyrosis. It is not an infallible remedy, but it proves very useful in the great majority of cases, and sometimes succeeds speedily where the commonly used remedies have completely failed. The cases of flatulence in which it has been used were cases of stomach flatulence; as it is so readily absorbed it could not be expected

to influence the formation of wind in the colon. In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids which irritate delicate and irritable stomachs. The glycerine probably acts by preventing some forms of fermentation and putrefaction, but it does not interfere with the digestive action of pepsin and hydrochloric acid. Hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. The dose is one or two drachms before, with, or immediately after food. It may be given in water, coffee, tea, lemonade, or soda water. In tea or coffee it may replace sugar. In some cases a cure does not occur till the lapse of ten days or a fortnight.—*The Lancet*.

DIGITAL COMPRESSION OF ANEURISMS. — Dr. Prize, in *Bulletin de Thérapeutique, Medical and Surgical Reporter*, April 30th, 1880, condemns the teaching of Bellingham and Broca, to the effect that total compression gives rise to the formation of soft or passive clots in an aneurism, while partial compression favors the formation of solid fibrinous clots, which alone conduce to repair. The author advocates the retention of digital compression during the first twenty-four or forty-eight hours, after which it should be intermitted at night, to allow the patient to sleep. He considers that total digital compression offers advantages over any other means of treatment, inasmuch as (1) it is not dangerous; (2) it is more rapid in its action; (3) it is more often successful, and gives more brilliant results; (4) it has succeeded in cases in which partial compression has failed. He says that the reason why this treatment is most successful is because it most conduces to coagulation of blood within the aneurismal sac.

FISSURE OF THE ANUS.—In fissure of the anus, instead of employing forced dilatation, which is the classic remedy, Dr. Hamon advises the following means, which has succeeded with him in fifteen cases consecutively: It consists simply in touching the fissure with a camel's-hair pencil imbibed in a mixture of five grams of chloroform and ten grains alcohol. Two or three applications effectuated at two or three days' interval suffice generally. The first time the pain is very acute, but diminishes on successive applications.

A DOCTOR tells with pardonable pride how, being called in at the début of his career to a consultation with an eminent prince of science, he had insisted, despite the opinion of his famous senior, that the patient had an incurable affection of the heart. "And what were my delight and pride," he says beamingly, "on learning three days later that my patient had gone off precisely as I had declared he would."

# THE CANADA LANCET.

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TORONTO, NOV. 1, 1880.

## GREEK IN MEDICAL EDUCATION.

At the recent meeting of the British Medical Association, considerable discussion was occasioned by the introduction of a resolution proposed by Dr. Leet, to the effect that hereafter Greek be included among the compulsory subjects of the matriculation for medical students. From the report in the *Medical Times and Gazette* we give the following extracts to show the tone of the debate:—

"Dr. Storrar said he had fought the battle for Greek as long as he could, but had finally given it up, because there was such a demand for modern education that to insist on both Latin and Greek as a part of the education of young men was perfectly prosperous."

"Mr. Simon thought nobody could pretend to say that Greek was directly necessary for a man in the medical profession. He would be the last man to undervalue the study of Greek, but to say that nobody was to enter the profession without a knowledge of it would be going far beyond their competence. There were two grounds on which it should be included. It was undoubtedly desirable that men entering the profession should be qualified to take their places with the best educated people in the country (hear, hear); but the profession was largely recruited from a class of people with not a great deal of time or money; and if they were to press the doctrine too far it would be unsustainable, because it would limit unduly the supply of men who could enter the profession. The question to be considered was, What was the minimum preparation with which a

man who came to learn medicine could learn it in four years. (Hear, hear.) Those conversant with the work of the class-room knew that one of the chief difficulties of medical education was that men came up not quite able to understand the language talked to them. They attended anatomical lectures, where ordinary mathematical expressions were used, which they were unable to understand.

[Dr. Haughton: And Greek expressions.] And Greek expressions; but the less of those used in the class-room the better (hear, hear), because the more the teacher descended from Greek and talked common English, the better for his class."

"Dr. Haughton thought nothing was so distressing as to try to teach the uncultivated brute of a student who had never learned Greek (hear, hear); he knew not one part of the body from the other, and the teacher had no end of trouble. For his part he found that the more Greek and Latin a man knew, the more precise and terse his language, and the more agreeable his conversation was. He hoped that Greek would be preserved as a necessary requisite for university graduates."

"Sir William Gull thought that for the practice of the medical profession a man did not want Greek. They were legislating not for the faculties, but for the ordinary practitioners of the country; and although Greek and Latin were most excellent things in themselves, they were not the things on the faith of which the public put confidence in the profession. Instead of teaching men a great many subjects, they should be taught how ignorant they were, so that a spirit of inquiry and research should be awakened and fostered, and they should go on teaching themselves all their lives."

"Sir James Paget said it would be absurd to suppose they could require from a candidate entering the profession such a knowledge of Greek as would have any refining influence on him. All the knowledge of Greek that could possibly be required would be a mere smattering, which after twelve or eighteen months' study would completely vanish. If it were possible to require a large knowledge of Greek, such as would serve as a mental discipline, or give a man a claim to be classed with the highest society, it would be worth having, but that was impossible. It might be that they could not require a large knowledge of any of the subjects which were made compulsory; but if a man had an elementary knowledge of chemistry



or mechanics, every hour that he was in the profession would increase his knowledge of those subjects; but that would not be the case with Greek, because in order to go on acquiring a knowledge of Greek men must carry Greek books about with them continually, and not only do that, but read them continually, which they had not time to do."

The motion was lost on a division four voting for it, and seventeen against it. A similar course of action has recently been taken by the Ontario Medical Council in striking Greek from the optional subjects. The optional subjects now on the list according to the new regime are French, or German. While it may be true that a knowledge of either French or German may be of more practical utility to the medical practitioner, still we think that the student who evinces a fair knowledge of Greek may well be excused from passing an examination in French or German. An acquaintance with all the languages mentioned would be a grand thing for the candidate in medicine, but such is not to be expected, except in a few cases, and therefore options should be given, in all but Latin which must ever be compulsory. Greek, French, German or Natural Philosophy were formerly the optional subjects, the student being required to take only one of them; the result was of course, as might have been expected, that nearly all the candidates took Natural Philosophy. The latter was therefore very properly made compulsory, and Greek was struck out entirely leaving French and German as optional subjects. We cannot say that we regard with favor the recent change in this respect.

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#### ONTARIO MEDICAL ASSOCIATION.

For some time past there has been a feeling in the profession throughout this Province in favor of establishing a Provincial Association. The subject was brought up at a meeting of the profession in Toronto on the 7th ult., and, after considerable discussion in which great unanimity was manifested in favor of it, a committee was appointed, consisting of Drs. Workman, Covernton, Graham, Burns, White and Wright, with instructions to communicate with the various County and Division Societies in the Province, with a view of bringing the matter to a successful issue.

This committee subsequently met, with Dr. Covernton in the chair, and Dr. White as Secretary. The subject was entered into in all its bearings, and a circular letter to be addressed to the various Societies was agreed upon, which reads as follows:

*To the Secretary of ——— Medical Society:*

DEAR SIR,—There appears to be a wide-spread desire among the members of the profession in this Province to establish a Provincial Medical Society. It is hardly necessary to speak of the value and importance of such a society from a scientific point of view, as that will be immediately recognized by all, but apart from that it will be calculated to advance mutual interests, encourage unity and harmonious action, stimulate a free interchange of thought, develop increased desires for a knowledge of the professional literature of the day, promote social and friendly feeling, and minimize that undesirable distrust and exclusiveness so commonly attributed to the profession, besides affording better opportunities than at present exist in having some place of meeting convenient to the majority.

It is a well-known fact that the State Medical Societies of the neighboring Republic have contributed largely to the interest and success attending the meetings of the American Medical Association. In like manner it is reasonable to presume, that a vigorous Provincial Society would greatly assist our Dominion Medical Association.

At a meeting of the profession of this city, on Oct. 7th, the matter was relegated to a committee, who will be pleased to have an expression of opinion from your Society in regard to this subject, as well as to receive any suggestions it may make. In view of its importance and the great advantages to be derived from, the proposed step, it would be desirable to bring the matter before your Society at once.

Yours truly,

J. E. WHITE, Sec.

This circular has been sent to all secretaries of societies known to the committee; if any have failed to receive it they are requested to send in their names to Dr. White, and one will be forwarded immediately. In parts of the Province where no societies are in existence meetings of the profession might be called for the purpose of

obtaining an expression of opinion in reference to the matter.

From private correspondence received from practitioners in different parts of the country the formation of a Provincial Association appears to meet with general approval. At a meeting of the Newcastle and Trent Medical Association, held in Peterboro' on the 6th ult., the following motion was carried unanimously:—"Moved by Dr. Day, and seconded by Dr. McRae, that in the opinion of this Association it is highly desirable that a Medical Association for the Province of Ontario be formed, and that this Association will give it a hearty support." A similar resolution has been recently passed by the Huron Medical Association.

There are many points on which the committee would be glad to have the suggestions of members of the profession interested in the matter, such as, for example, whether the meetings should be annual or semi-annual; whether they should be held in some central place, or alternately, say in Toronto, Kingston, Hamilton, or London; the most convenient period of the year for the meeting to take place, &c., &c.

#### ONTARIO COUNCIL MATRICULATION.

At the recent matriculation examination of the College of Physicians and Surgeons of Ontario, seventy-three candidates presented themselves for examination, and out of that number only *twelve* succeeded in passing. Such a slaughtering of the innocents was probably never heard of before in the annals of history, certainly not in the history of the Ontario Medical Council. The number of rejected candidates mounts up to the extraordinary proportion of  $82\frac{1}{2}$  per cent. The executive committee was memorialized on the subject, and a meeting was called for the express purpose of granting relief, if possible, to several of the candidates who, it was alleged, were unfairly treated. It was stated in the memorial presented to the committee, that many of the candidates who had been rejected had made a higher aggregate of marks than some who had passed. It was also found that the standard, while not arithmetically higher than in former examinations, was practically higher, which fact in itself led to the rejection of not a few of the candidates. One of the examiners was present and was categorically examined in refer-

ence to the matter. He stated that the minimum standard required to pass was the same as in former examinations, viz., 70 per cent. in the English group, 50 per cent. in Latin, 50 per cent. in Mathematics and 50 per cent. in the optional subjects, and that this standard was adopted at the suggestion of individual members of the Council. Another regulation of a most arbitrary character is the rejection of any candidate who fails to make the required per centage in any single branch, no matter how well he may have passed in all other departments. The standard required for the Council matriculation is not at all in harmony with what is laid down in any of the Canadian or British Universities. In Toronto University the maximum standard for matriculation in medicine is  $33\frac{1}{3}$  per cent. of the aggregate marks allotted, and at least 25 per cent. on each subject. In Victoria University it is 30 per cent., in Queen's about the same as Toronto University, and in other Universities at home and abroad the standard is from  $33\frac{1}{3}$  to 40 per cent.

Quite recently the Senate of Toronto University positively refused to commit itself to a minimum standard of 25 per cent. on each subject in the Arts Matriculation. It took the more sensible view of leaving it to the discretion of the examiners to decide whether or not, from the general character of the examination, the student should be allowed to enter upon his course or be rejected.

At the recent Council matriculation examination, the majority of the candidates made an aggregate of 40 per cent. of the entire number of marks, and about thirty, an aggregate of 50 per cent., and yet only twelve passed. The members of the executive committee, however much to be regretted, could not see their way clear to grant any relief. The effect of adopting so high a standard and so rigid an examination will be to drive the young men in large numbers to matriculate, and in many cases, to finish their education elsewhere, to return and seek registration as British practitioners. Much good, however, is anticipated from the adoption of the High School Intermediate examination, which, while it covers more ground, requires a minimum standard of only 20 per cent. on each subject, and an average of 40 per cent. in each group, a standard much more in accordance with that of our Universities, than the one hitherto prescribed by the Council's examiners.



## MALPRACTICE CASE.

An action for damages was brought up at the October Assizes in this city by a man named O'Dea, against Dr. Irwin H. Cameron, for alleged unskilful treatment and neglect of a dislocation of the elbow-joint, in November of last year. The plaintiff, a coal-heaver, in a scuffle with a fellow-workman, was thrown down, striking the plank of the sidewalk and dislocating his elbow. Dr. Cameron, assisted by Dr. Nevitt and a medical student, attended to the injury. They adopted the usual methods of reduction, and state that they heard distinctly the "click" caused by the return of the bones to their places, and were satisfied that the dislocation was reduced. Pain and swelling still continued for a considerable length of time, but finally subsided. Passive motion was resorted to after the lapse of a few weeks. The arm was examined some time in February, 1880, by Dr. H. H. Wright, but beyond some thickening and a little outward motion of the forearm, nothing amiss was discovered by him. The patient was not seen afterwards until the month of May. At this time, the thickening at the elbow had entirely disappeared; and while the motions of the joint were apparently good, there was undoubted dislocation of the ulna and radius outwards and backwards. This was the condition of the joint as seen in Court. Flexion and extension were present to a very considerable extent, and the arm showed a strong disposition to fall outwards. The plaintiff had resumed work and it was found that he had very fair use of the arm, except when working overhead or in climbing out of the hold of the vessel.

The trial lasted two days and excited considerable interest among the members of the medical profession. As is usual in such cases, there was abundant medical evidence on both sides of the case. Some of the medical witnesses for the plaintiff thought the dislocation had never been reduced, and that negligence and unskilfulness might be imputed. The plaintiff, his wife and father testified that the arm had not received any subsequent injury. A large number of medical witnesses were examined for the defence, and all concurred in the opinion that neither unskilfulness nor negligence was manifested in the treatment

of the case. They all agreed that there was dislocation of both radius and ulna, outwards and backwards, and that it was secondary, caused either by fracture of the outer condyle of the humerus which had failed to unite properly, from using the arm too soon after the injury, or by the occurrence of a second accident, taking place probably between the months of February and May. The Judge (Justice Morrison) decided that there was no case for the jury, and a nonsuit was accordingly entered.

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COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The semi-annual meeting of the above College was held in Quebec on the 29th of September. The majority of the Governors were present. The following candidates successfully passed the matriculation examination and were admitted to the study of medicine :—Messrs. Elder, Starr, Carron, Valin, Matte, Gauthier, Foy, Pare, Paradis, Richard, Devillers, David, Mousette, Delisle, Berthiaume, Leduc, Mignault, Blackburn, Brosseau, Fournier, Leblanc and Picard. The licence to practise was conferred upon the following gentlemen :—Drs. C. Mayrand, J. F. Landry, P. S. Gauvreau, A. Paradis, A. Verge, G. Dedard, J. M. Beausoliel, O. Clouthier, G. Prevost, G. Fournier, E. Laforge, C. LaRocque, L. Mignault, A. Meikle, and D. A. Livingstone.

A detective, Mr. C. E. Lamirande, of Montreal, was appointed to proceed against all unlicensed practitioners in the Province of Quebec. A new tariff for practitioners in town and country, was adopted and awaits ratification by the Governor in Council. The following examining board was appointed for the next semi-annual meeting, viz.: Dr. Austin, Medicine; Dr. Trudel, Midwifery; Dr. Hingston, Surgery; Dr. Rosseau, Materia Medica; Dr. Lemieux, Anatomy; Dr. Lachapelle, Physiology; Dr. Rodger, Chemistry; Dr. Gervais, Medical Jurisprudence; Dr. Lanctot, Botany and Hygiene.

CANADIAN M.D.'S IN THE UNITED STATES.—In our last issue we noticed the appointment of Dr. Peterson to a professorship in the Fort Wayne Medical College. A correspondent has called our attention to several other appointments that have fallen to the lot of Canadians in the United States. No less than six have received appointments in

the newly organized Michigan College of Medicine, Detroit, viz. : Dr. J. B. Book, formerly of Windsor, Ont., Prof. of Surgery and Clinical Surgery ; Dr. W. C. Gustin, formerly of Sarnia, Prof. of Obstetrics and Diseases of Children ; Dr. Charles Douglas, formerly of Streetsville, Ont., Prof. of Diseases of Children and Clinical Medicine ; Dr. D. La Ferté, formerly of Amherstburgh, Prof. of Anatomy and Orthopædic Surgery ; Dr. J. E. Clark, formerly of Norwich, Ont., Prof. of Chemistry ; and Dr. J. J. Mulheron, formerly of Waterloo, Ont., Prof. of Institutes of Medicine, Materia Medica and Therapeutics ; Dr. Mulheron is also Editor of the *Michigan Medical News*. Dr. C. B. Gilbert, formerly of Windsor, Ont., is Prof. of Obstetrics and Diseases of Women and Children in the Detroit Medical College ; Dr. Augustus Kaiser, formerly of St. Agatha, Que., is Physician to the Detroit House of Correction, and of the six city physicians, three are Canadians, viz. : Drs. H. E. Smith, T. V. Law, and D. McLeod.

NEWSPAPER ADVERTISING.—In reference to the remarks on newspaper advertising, in our last issue, we have received a letter from Dr. Watt, in which he disclaims on his own behalf, and also on behalf of Dr. Aikins, all authorship of the paragraph alluded to, and asserts that it is the work of some too plying reporter. He also thinks we are "uncharitable" in concluding that reporters "receive encouragement from some source, or that there is collusion between the reporters and the surgeon referred to, or some of his friends," and states that in the majority of cases the notices of accidents and operations in which doctors' names are mentioned, are the work of the eager reporter and not of the medical attendant. We quite agree with Dr. Watt in the statement that reporters are frequently "too prying and eager." Any medical man may occasionally find his name figuring in the paper in connection with some accident or operation, but if he has a due regard for the ethics of the profession he will take care to prevent such an occurrence in future ; nor do we think we are "uncharitable" so long as we carefully avoid making any reference to newspaper paragraphs which appear in connection with any medical man's name for the first time. When, however, we find it repeated every week or two, we feel compelled, as the faithful exponent of the profes-

sion, to enter our protest, and the higher the standing of the person culpable, the greater the necessity for the rebuke.

POST-PARTUM HEMORRHAGE.—Dr. Forest, in an article (*N. Y. Medical Record*), on "The Treatment of Post-Partum Hemorrhage," says : "Speaking from my own experience, I should say that the injection of tincture of iodine is the most safe and by far the most efficient method we possess for controlling post partum hemorrhage." In summing up the advantages of the iodine treatment of post-partum hemorrhage, he states briefly as follows :

1st. Iodine controls the hemorrhage, not by coagulating the blood within the uterus, but by exciting the uterus to contract. The blood is expelled in a liquid form, and hence, instead of leaving the uterus filled with a mass of hard, sticky clots, ready to undergo decomposition, the uterus is empty and disinfected. 2nd. Tincture of iodine has never, so far as I can learn, caused any bad result, even when injected into the uterus in full strength. Thus, in Case V, nearly six ounces of iodine were injected (four of them without dilution) and yet no bad effects followed its use. 3rd. The iodine treatment never fails to control the hemorrhage.

BORACIC ACID IN SURGERY. — Dr. Warren Greene, of Portland, Maine, gives, in a recent number of the *Boston Med. and Surg. Journal*, a summary of his experience with this drug. He found it very useful in dressing old indolent ulcers, especially those following severe burns, and cites a good case in point. The indications are, absence of granulations and thin ichorous discharge. If the ulcers are very foul, he soaks them in glycerole of boracic acid, and then dresses them with an ointment having vaseline as a base. Cold vaseline and glycerine will not mix, but when heated they unite and do not separate on cooling. He has used the drug locally with marked benefit in gonorrhœa, vaginitis and otorrhea. Internally he has used it with good success in chronic dyspepsia with fetid eructations ; also in chronic cystitis. He states that it is not soluble as has been supposed. Cold water will dissolve 19 grains to the ounce, hot water 80 grains, but on cooling it will deposit all but 23 grains. Alcohol holds only a



fraction more than hot water. Hot glycerine dissolves three drachms to the ounce and holds it perfectly on cooling. He does not know the limit for internal administration. He has given 80 grains as a dose without ill effect. The formulæ for ointments are as follows :

R. Glycerole of boracic acid . . .	3i.
Spermaceti . . . . .	
White wax . . . . .	3j.
Vaseline . . . . .	3ij.

Melt together and add the acid with trituration. Cocoa butter may be used instead of the spermaceti and white wax, when a softer ointment is desired. The latter makes a very elegant preparation.

"LORD CHANCELLORS" AND "ARCHBISHOPS" IN ASYLUMS.—Lord Cairns, when travelling from Oxford to London, was so unfortunate as to get into a compartment which had to be slipped at the Hanwell station. Finding himself thus left behind, and that he would have to wait, his lordship thought that he would kill time by making an inspection of the famous lunatic asylum. He accordingly presented himself at the gate, rang the bell, and was speedily accosted by a porter attired in the well-known uniform of the asylum, who asked him what he wanted. "Oh," said the Chancellor, "I merely want, as a matter of curiosity and interest, to look through the establishment!" "Where is your order?" demanded the porter. To this his lordship replied that he had not obtained one, but added, "I shall not want one, and you will merely have to take my card as your authority for admitting me." "My orders," said the porter, "are not to admit any one without a properly signed order, and I must not leave my post to carry in any cards." "But, my man," responded Lord Cairns, "I am the Lord Chancellor of England," upon which the porter burst into a loud laugh, and, with a comic leer in his eye, said, pointing with his thumb backwards, "We have three or four Lord Chancellors here, and Archbishops of Canterbury too." However, subsequent explanation secured his lordship admittance and smoothed his ruffled plumes.

DIAGNOSIS OF CANCER OF THE STOMACH.—At a recent meeting of the Biological Society of Paris, M. Leven (*Le Progrès Medical*, May 29th, '80) pointed out the difficulty in diagnosing between

cancer and dilatation of the stomach. In both cases there is obstinate vomiting; to allay this M. Leven recommends that from 5 to 6 ounces of solid food should be given to such patients only once a day, with a view to avoid congestion of the mucous membrane of the stomach. The remainder of the food taken in 24 hours should consist of from two and a half to three pints of milk and eggs. If after eight days of this treatment the sickness has ceased, there is no cancer of the stomach present.

QUACKERY IN THE PROVINCE OF QUEBEC.—We observe from the report of the semi-annual meeting of the Governors of the College of Physicians of Quebec, that a vigorous campaign is about to be opened against quackery and charlatanism in the sister Province. The profession of Quebec has been crying out for some time past against the evils of quackery in their midst, and we are glad to see that the Governors, under the new president, are about to adopt active measures to rid the community, as far as possible, of this incubus. Both the profession and the public are entitled to this protection. A public prosecutor has been appointed, with instructions to enter upon his duties forthwith, and lively times among the charlatanic fraternity may be confidently expected.

SANITARIUM.—Dr. Playter, of this city, has established a Sanitarium for the treatment of diseases of a chronic nature, in which a limited number of patients can be accommodated, and where they will receive every possible care. Such an institution is very much needed. Most physicians have at some time or other chronic cases under their care who cannot obtain at their own homes the necessary conditions for proper hygienic treatment, and these drift into water-cure, electrotherapeutic and other irregular institutions. Dr. Playter will be glad to hear from any physicians having such cases.

REMOVAL OF THE ENTIRE SCAPULA.—Mr. Belamy, of Charing Cross Hospital (*London Lancet*), removed the scapula, on the 2nd ult., for an encephaloid growth, involving the whole bone. Hemorrhage was controlled by compressing the subclavian artery through a primary incision in the integuments. At latest accounts the patient was progressing favorably.

PAINLESS CAUSTIC POWDER.—Dr. Andrews, in the *Chicago Medical Review*, gives the following formula for Esmarch's painless caustic powder for the removal of morbid growths, cancer, &c. :—

R. Acid arsenios. . . . .	1 part.
Morph. sulph. . . . .	1 "
Calomel . . . . .	8 "
Pul. gum. arab. . . . .	48 "

Mix. Sprinkle thick every day on a surface either raw, or denuded of cuticle by a blister.

Dr. J. B. Lawford, of McGill College, Montreal, and Dr. J. F. W. Ross, of Toronto University, have successfully passed the necessary examination for the diploma of the Royal College of Physicians, Eng., and were admitted as Licentiates on the 29th of July. The former gentleman has since been appointed assistant House Physician, St. Thomas' Hospital, London.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The following candidates passed successfully at the late matriculation examination of the above named College :—James M. Fraser, W. A. Richardson, W. C. Cousens, J. E. Stirling, E. H. Williams, L. G. Langstaff, Robert N. Fraser, A. B. Wilson, E. M. Cook, J. S. Draper, J. McCullough, J. Menzies.

LAVAL SCHOOL OF MEDICINE.—The authorities of Laval University, Quebec, have been served with a protest, at the instance of the Ecole de Medicine and Surgery of Montreal, calling upon them to cease their branch in that city, or legal proceedings would be instituted. This will be firmly resisted by Laval University.

L.R.C.P.&S., EDINBURGH.—The following gentlemen have successfully passed the examination and were admitted to the double qualification—L.R.C.P. and L.R.C.S. Edin., viz.:—J. A. Close, M.B., of Croydon, Ont.; J. McWilliams, M.B., of Thamesford, Ont., and P. H. Bryce, M.B., of Mount Pleasant, Ont.

DISEASES OF THE SKIN.—Dr. Bulkley is announced to deliver a course of twenty-four lectures on diseases of the skin in the New York Hospital, commencing Oct. 6th. The lectures will be delivered once a week, and are free to practitioners of medicine and medical students.

Dr. C. K. Clarke, assistant physician to the Lunatic Asylum, Toronto, has been transferred to a similar position in the Hamilton Asylum. He was made the recipient of an address and presentation by the officers and employes of the institution on the eve of his departure from Toronto. Dr. Covernton also received a similar testimonial on leaving the Hamilton Asylum.

CORONERS.—The following gentlemen have been appointed Associate Coroners for their respective districts :—J. W. Bowman, M.D., of Moore, for the Co. of Lambton. A. M. Lynd, M.D., of Parkdale, for the Co. of York ; and G. Tweedie, M.D., of Dresden, for the Co. of Kent.

COMMUTATION RATES.—We beg leave most respectfully to call the attention of the medical profession to our very liberal commutation rates with other journals for 1881. The rates quoted are invariably cash in advance. See advertisement.

REMOVAL OF GUNPOWDER MARKS.—The disfigurement produced by gunpowder accidents in which the particles are imbedded beneath the skin, may be removed by free vesication and removal of the epidermis.

APPOINTMENT.—Dr. Buchan, of Toronto, has been appointed as the representative of the Toronto University on the Medical Council of Ontario, in place of Dr. W. H. Ellis, resigned.

ACCIDENT.—We are glad to learn that Dr. Bowlby, of Waterford, Ont., who was severely injured in the knee a few weeks ago by a runaway team, is rapidly recovering.

REMOVAL.—Dr. W. H. Vardon, formerly of Galt, Ont., has removed to this city, and commenced practice at 144 Bay street.

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## Reports of Societies.

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### TORONTO MEDICAL SOCIETY.

#### *Canadian Institute.*

June 30th, 1880.—The meeting was called to order at 8.15 p.m. by Dr. Covernton. The minutes of the previous meeting were read and confirmed. The discussion upon Dr. Rosebrugh's



paper, which was adjourned from the last meeting was now proceeded with.

Under the head of "Cases in Practice" Dr. Oldright related two cases of opium poisoning,—one of an adult in which 6 grs. of morphine had been taken—the other of an infant to whom 15 drops of tinct. opii had been administered. Both recovered.

Dr. Oldright also mentioned a case of amputation where six weeks after the operation two of the ligatures had just come away and two others still remained attached.

Dr. Workman in behalf of Dr. Burns, presented some fresh specimens of *Rhus Toxicodendron* gathered in the vicinity of Toronto, with some remarks in which the treatment recommended for poisoning by it, was the local application of strong brine.

Dr. Graham reported a case of a man 30 years of age, previously healthy, after an injury, contracted Potts' disease of the spine. A Sayre's Jacket was applied but had to be removed on account of dyspnoea supervening. An abscess formed in the dorsal region of the spine which was opened and some pus escaped. There had been some hæmoptysis, and some pieces of bone had been at different times coughed up. The expectoration was at times very offensive; the abscess was injected with carbolic acid and water, and the patient said he could on these occasions and for some time after, upon coughing, taste the carbolic acid; when he laughs or coughs he experiences a grating feeling, which he refers to the diseased portion of the spine. The passage of gas or air through the abscess wound had never been noted.

In regard to the bony particles expectorated by the patient, Dr. Cameron thought the evidence of their being bone was insufficient.

Dr. McFarlane then read a paper upon "Gonorrhœal Rheumatism." After briefly relating four cases two of which were males, and in three of which there was subsequent ankylosis he stated it as his opinion that the disease was a pyarthrosis, due to absorption of pus from the urethra, neck of the bladder, or prostatic veins. He did not think that the disease bore any analogy to true rheumatism, nor that it was a mere coincidence of rheumatism with urethritis. This he thought was shown by its persistence in one joint and by the failure of the usual remedies to act beneficially.

Dr. Graham said that he had had 6 or 7 cases,

in four of which the disease was monarthritic, of these all had syphilis. When a syphilitic taint could be made out he gave mercury and the iodide of potassium.

Dr. Cameron wished to know the effect of salicylate of soda in Dr. McFarlane's cases. He also mentioned the reflex theory of rheumatism, and said that as rheumatism had been known to follow the passing of a catheter, so gonorrhœal rheumatism might be caused by the reflex irritation from the urethra.

Dr. Teskey mentioned a case which he had seen where three days after the forcible dilatation of a strictured urethra, gonorrhœal rheumatism set in in the left knee.

Sept. 9th.—The Society met at 8.15, the President, Dr. Covernton in the chair. The minutes of the last meeting were then read and adopted.

Dr. Cameron reported a case of opium poisoning. An aged woman had taken six drachms of laudanum. The ordinary remedies were used to produce emesis but failed. Two injections of atropine  $\frac{1}{30}$  gr. each were then made and the patient was quickly walked off to the hospital, when after a good deal of trouble vomiting was induced and the woman finally recovered.

Dr. Workman related a personal experience of opium poisoning, in which vomiting occurred only some hours after the ingestion of emetics and subsequent to a long walk and the insertion of the tube of a stomach pump.

Dr. Canniff reported a case of apparent chloroform narcosis. A woman was found lying in bed, insensible, pupils widely dilated, pulse 80, respirations 24, and smelling strongly of chloroform. She could not be aroused by the application to her nostrils of strong ammonia. An hour after the chloroform had been entirely withdrawn from her, the ammonia on being applied aroused her and she recovered.

Dr. Nevitt related a case of turpentine poisoning in a child two years of age. The patient seen 1  $\frac{1}{2}$  hours after the inception of the poison, was in a state of stupor, pupils dilated, pulse quick, full and soft, respirations stridulous, breath smelling strongly of turpentine. She could be roused from her stupor, but immediately the stimulus was removed she relapsed. She failed to respond to brisk and powerful emetics, but drank water eagerly. During the night and in the morning

she passed water strongly marked by the characteristic violet odor.

He also reported a case of premature dentition. A child was born having a single incisor tooth; subsequently 4 molar teeth appeared, the incisor had to be extracted as it interfered with feeding. This child also had six fingers upon each hand. It died when three weeks old.

Dr. Covernton read a paper upon various topics, dwelling especially upon the need of sanitary legislation, describing some of the beneficial results which had been attained in other countries and detailing some of the difficulties which surrounded it here.

Dr. Canniff in the course of his remarks upon the paper stated that the Dominion Government had no jurisdiction upon health matters except indirectly, as included under Vital Statistics. He believed it was the intention of the Government to do all it could as under that head.

After some amendments to the By-Laws had been carried the meeting adjourned.

#### HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Clinton on the 6th ult., Dr. McLean, of Goderich, President, in the chair. The following members were present: Drs. McLean, Sloan, Worthington, McDonald, Williams, Holmes, Graham, Taylor, Campbell, Hurlburt and Stewart. Dr. Dunsmore, of Mitchell, was present on invitation. Dr. Sloan, of Blyth, showed a lady, aged 35, who has been complaining for about two years of pain and a sense of fulness in the right hypochondriac region. She is under the impression that she has an abdominal tumor. There are no gastric or hepatic symptoms complained of, and, with the exception of a feeling of resistance over the left lobe of the liver, nothing abnormal can be made out by a physical examination. Drs. Stewart and Hurlburt exhibited the following cases: (1.) A young lady, in whom they opened a lumbar abscess antiseptically. There is disease of the 4th and 5th dorsal vertebrae in this case, and two years ago an abscess formed in the right lumbar region, which was opened without antiseptic precautions. It continued to discharge until the one on the opposite side was emptied and healed. When the patient first came under treatment she only weighed 98 lbs. In less than three months

she gained 37 lbs. She is at present wearing a "Wyeth's Jacket," and there is evidence of early and complete consolidation of the vertebrae taking with but very little deformity. (2.) A case of exophthalmic goitre in a married female. The disease is of three years' standing. She is taking ergot, with beneficial results. Dr. Graham, of Brussels, read notes of a case of pseudo-hypertrophic muscular paralysis, which he has at present under his care. The patient is a boy, aged 6, with a good family and personal history. The first symptoms of difficulty in locomotion showed themselves about two months, and have so rapidly increased that at present he is unable to stand or walk without support. When walking he assumes the peculiar waddling gait characteristic of the disease. When standing the lordosis is marked. There is complete absence of the patellar tendon reflex. As yet there is no increase in size of any of the muscles. Dr. Campbell, of Seaforth, showed an idiotic boy affected with well marked rickets. He also read his report as delegate to the Canada Medical Association at Ottawa. The following resolution, which was moved by Dr. Campbell, and seconded by Dr. Sloan, was carried unanimously:—"That it is desirable that this Association lend its active support towards the formation of a Medical Association for the Province of Ontario."

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#### Books and Pamphlets.

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THE PRACTITIONER'S HANDBOOK OF TREATMENT OR THE PRINCIPLES OF THERAPEUTICS, by J. Milner Fothergill, M.D., etc. Second American from second English edition. Philadelphia: H. C. Lea's Sons & Co. Toronto: Hart & Rawlinson.

It would be impossible to speak in terms too highly commendatory of this most practical and instructive treatise. It cannot fail to prove as interesting to the old and experienced, as it must be instructive to the young and adventurous; for the former will find in it much that will harmonize with their own matured conclusions, and the latter much that will be admonitorily profitable. It has been issued by the enterprising publishers in beautiful clear type and on excellent paper. Not one of its 640 pages will be found devoid of valuable matter.



A TREATISE ON THE PRACTICE OF MEDICINE, for the use of Students and Practitioners. By Robert Bartholow. M.A., M.D., L.L.D., Jefferson Medical College. New York: D. Appleton & Co. Toronto: Hart & Rawlinson. Price \$5.00.

The appearance of this work, from the well known ability of the author, has been looked forward with great anticipation for some time past by the profession in the United States and Canada. It is however, we must confess, a little disappointing. It is not as exhaustive as it should be for a work on the practice of medicine. It would appear to have been the aim of the writer to adapt it as a text-book for medical students rather than as a guide to the general practitioner, and in that particular it will be found most suitable. It will be preferred by many students to Flint, Bristowe, Roberts and other works of a single volume, which have been in use more or less for several years past. In pathology it is in some respects superior to the before mentioned works, especially as it is more recent. It is also of a very convenient size for reference as a students' text-book while in attendance upon lectures. Many practitioners will find the treatment recommended of value to them at the bedside. The author is a strong believer in the efficacy of medicine in the treatment of disease, and his work will serve, in some measure at least, to dispel the therapeutic nihilism of the day.

A PRACTICAL TREATISE ON TUMORS OF THE MAMMARY GLAND, by S. W. Gross, A.M., M.D., Jefferson Medical College; illustrated by twenty-nine engravings. New York: D. Appleton & Co. Toronto: Hart & Rawlinson. Cloth, \$2.50.

This is a work of real and permanent value, and an excellent contribution to the study of mammary growths. It contains a careful analysis of 65 cases of cysts and upwards of 900 neoplasms, the nature of which has been confirmed by the microscope. In his classification, the author divides tumors of the mammary gland into—1. Neoplasms derived from the periglandular connective tissue. 2. Neoplasms which proceed from the secreting elements and are composed of epithelium. 3. Neoplasms derived from the higher structures, as angioma (blood-vessels) and neuroma. 4. Cysts, caused by obstruction of the ducts. About 83 per cent. of mammary tumors are carcinomatous and 16 per cent. are not. He regards the lacteal glands as the starting point of adenoma and carci-

noma, and the connective tissue as the matricular tissue of the simple neoplasms. Not the least important part of the work is that in which the view is sought to be maintained, by an abundant array of facts, that carcinoma may be permanently relieved by thorough operations practised in the early stage of its evolution. We cordially recommend the work to such of our readers as are interested in the subject of mammary tumors.

A TEXT-BOOK OF PHYSIOLOGY, by M. Foster, M.A., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge, with illustrations. Fifth edition, revised, 12mo, cloth, \$3: sheep, \$3.75. New York: McMillan & Co. Toronto: Willing & Williamson.

This is a new English edition of Foster's Text-Book of Physiology by the author, which was recently noticed in these columns. It requires no further notice than the simple announcement, at our hands.

PHYSICIANS' VISITING LIST—by LINDSAY & BLAKISTON, Philadelphia.

This is the thirtieth year of publication of this ever popular, useful, and convenient visiting list. No practitioner should be without one. It may be ordered direct from the publishers through any bookseller, or through this office at commutation rates with the LANCET.

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### Births, Marriages and Deaths.

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On the 22nd of Sept., W. A. Dafoe, M.D., L.R.C.P. & S., Edin., of Tweed, to Essa Christina, eldest daughter of A. M. VanDusen, Esq.

On the 30th of Sept., in Montreal, H. E. Mitchell, M.D., of Stanbridge, Que., to Miss Helen Acton, of Lichfield, Eng.

On the 30th of Sept., in Jefferson, Ohio, L. D. Healy, M.D., of Brantford, Ont., to Miss Emma M. Harris, of Jefferson.

On the 6th ult., Dr. Carder, of Hawtrey, in the 70th year of his age.

In Kingston, on the 24th of Sept., Thomas B. Tracey, M.D., M.R.C.S., Eng., aged 38 years.

At Reed City, Mich., on the 17th ult., Dr. G. H. Case, formerly of Lobo, Ont.

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\* \* \* *The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.*

# THE CANADA LANCET,

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## Original Communications.

### CANADIAN STUDENTS AND BRITISH HOSPITALS.

BY ALEX. DAVIDSON, M.B., M.R.C.S.E., TORONTO.

As our Canadian students are yearly making their way to the old country, for the purpose of advancing their knowledge in the various branches which belong to the study of medicine, and knowing how anxious the student is to obtain information regarding the schools and hospitals on the other side of the Atlantic, I have thought it might not come amiss to your readers, were I permitted the privilege, through the LANCET, of offering a few remarks upon the subject.

There are three leading questions which, let it be supposed, occupy the mind of the student before visiting the European hospitals, viz.: 1st. Should he go to the old country for the purpose of attending the hospitals there? 2nd. What is the best time to go? and, 3rd. What is he to do when he gets there?

There can be little doubt but that the first of these questions should be answered in the affirmative. True, the want of means in some cases, forms an insurmountable barrier to the young man's ambition; but I will venture to say that, if it can be managed at all, a year spent in London, with close attention to duty, will never be a source of regret to any one. The theoretical teaching at our Canadian schools of medicine is undoubtedly good, but the practical experience gained at our hospitals is vastly inferior to that of the British hospitals; and this, after all, is the backbone of medical teaching. The great number and variety of cases seen at the London hospitals and the repetition of the same class of cases so often, can scarcely fail to imprint the characters of the different diseases upon the student's mind, that is, granted he applies himself sufficiently.

Take for example the London Hospital, Mile End, whose in-patients alone number 800, with a correspondingly large out-patient clinic. This hospital has its own departments of medicine, surgery, obstetrics, and diseases of the eye and ear. Dental surgery is also taught within its walls. St. Thomas', Guy's and St. Bartholomew's are also about equal in size to the London, while the Westminster, Charing Cross and St. George's are smaller. But as my headquarters were the London Hospital, and as I believe it to be the hospital at which the best advantages are offered, especially to the Canadian student, my references shall be principally in regard to it. Here we have two great factors necessary to make an institution of this kind commend itself to the student, viz., the eminence of its teachers and the abundance of clinical material; for when we remember that we have connected with this institution such gentlemen as Mr. Jonathan Hutchinson, Dr. Sutton, Dr. Hughlings Jackson, Mr. James Adams, Dr. Stephen McKenzie, Mr. Warren Tay and others, one cannot but regard this institution as highly favored.

Permit me now to go a little more into detail about the work done in the institution. On the surgical side of the house each dresser is appointed for three months, and during this period he will not have less than from fifteen to twenty cases under his care at one time, consisting of cases of the more serious accidents and cases of idiopathic diseases, of which he has to take the history, daily notation, and do the dressing. When operations are performed he will have to assist, and he will also be required to go around the wards, twice a-week, with the surgeon under whom he is dressing. During the surgeon's "take-in week," which occurs about three times in the three months, he is required to pay special attention to all the accidents which come in, and with this he will find his hands full, for their name is legion. During one of the weeks in which I acted as resident dresser, we saw and attended to some 300 cases, consisting of accidents of all degrees of severity. Besides all this, the student will have the opportunity of attending the out-patients' clinic for three days in the week, and at each clinic he will see from 50 to 75 cases.

Now turn to the medical side and see what goes on there. Here also each clinical clerk is appointed for three months and has from fifteen to



twenty cases allotted to his charge, of which he is required to take the history and daily notations. He is also required to go around the wards two or three times in the week with the physician under whom he is clerking. Such a number of medical cases involves a great deal of work, as a detailed history (past and present) of each case has to be written out. The clinical clerk has also the privilege of going to the medical out-patients' clinic, where he can have the opportunity of seeing and examining as many as from 50 to 75 patients daily, under the direction of the physician in attendance.

Let it not be understood that the dresser or clinical clerk has always the same cases under his care for the period of three months, for as some get better and others die their beds are soon re-occupied by others. The dresser or clinical clerk, besides having his own in-patients which he is bound to attend to, can also have the opportunity of taking observations on any case he may desire in the institution.

In regard to the other branches taught in the institution, abundant facilities are afforded. In the maternity department, during a period of three or four weeks, as many as thirty cases of labor may be attended by the student himself at the patients' own homes, and when any great difficulty arises, the resident accoucheur or obstetric physician can be immediately summoned to the student's assistance.

A great number of cases of eye diseases are also to be seen. Out-patients are seen two days in the week, and on each of these days one may have the opportunity of seeing from 70 to 80 cases. There are also two or three wards set apart for eye cases only.

Wednesday is the day at the London Hospital for the out-patients' clinic on diseases of the skin, and on each day 75 to 100 cases may be seen. I have endeavored to give some idea of what the inducements are for Canadian students to visit the old country, and trust that I have contributed something which will assist them in forming an opinion of the advantages of a trip across the Atlantic. I have here merely referred to the practice at one of the large general hospitals of London; but there are other special hospitals, such as Moorfield's, for diseases of the eye; Soho Square, for diseases of women; the Golden Square, for diseases of the throat and chest, and Blackfriars',

for diseases of the skin,—where the special branches can be studied to great perfection.

Now, as to the best time to go to the old country. I think there are many reasons why students should go as soon as they have taken their degrees here in the spring. In the first place the student is fresh from his studies, which will be so much in his favor if he intends to go up for any examinations while away. The London qualifications most frequently obtained by students who go from this country are the M.R.C.S. and L.R.C.P. In order to obtain the former, it is necessary to pass the primary as well as the final examination; so that the student who goes to the old country early in the spring, will have plenty of time to get up the work for the primary examination, pass it, and be able to go on with the hospital work in the fall; for the student who is preparing for a primary examination which is to take place say in three months, will not find it to his advantage to attend the hospitals much, while in preparing for his final examination, the very opposite holds good. I would also strongly advise students who are preparing for the primary examination, to take a "coacher."

In regard to those who may not care to go up for any examination, they will find it to their advantage to be in London early, in order to reconnoitre, and learn about the various hospitals, before commencing clinical work. During autumn and winter the teaching is carried on to the best advantage in the hospitals, for during the summer months most of the principal men have gone to the country.

Now, then, as to what the student is to do when he gets there? This question involves another, viz., How long does the student think he can spend abroad? If he can spend but a short time, say six or nine months, I would advise him to go to London and take a dressership for three months, a clinical clerkship for three months, spend two or three weeks in the maternity department, and endeavor at the same time to see as much of the special departments as he can. A person with such limited time at command as I have above mentioned, would not I think find it to his advantage to go up for the M.R.C.S. qualification, that is, unless he were able to go up for his primary immediately on his arrival in London; but not being able to do this and at the same time anxious

to take a qualification, the L.R.C.P. would I think be the most favorable for him.

If the student can spend a year or longer away, he would I think find it to his advantage to spend at least three months at the Royal Infirmary, Edinburgh, for here the system of teaching is very thorough. The systematic way in which cases are examined, and the accuracy with which each point in the case is determined, commend themselves highly to the student as a basis upon which to frame a method of examining cases; but the great drawbacks which the Edinburgh school presents to the Canadian student are the great number of students and the insufficiency in the number of cases. One branch of the science which I would recommend the student to pay special attention to while he is in Edinburgh, is gynecology, where, thanks to the labors of Sir James Simpson and Matthews Duncan, this branch of the science is taught with a great deal more care and system than any place in London, excepting; it may be, at St. Bartholomew's Hospital, where students now enjoy the benefit of Dr. Duncan's teaching. The student having spent sufficient time in Edinburgh, could then proceed to London, and after having spent a week or two in looking about and selecting the hospital he considers it to his advantage to make his headquarters, let him proceed to work. If he elects to go up for an examination in which there is a primary, he will find it to his advantage to devote his time specially to preparing for this examination, and then having accomplished this, he can with greater ease turn his attention to the work in the wards, viz., the dressing and clinical clerking, which will always be preparing him for his final examination. If the student should decide to go up for an examination in which there is a final only, he could then proceed at once to the work in the wards. Having accomplished his examinations and his work in the wards, he should turn his attention to the hospitals for the treatment of the special diseases to which reference has already been made; after this, if circumstances will permit and if he has acquired a sufficient number of good testimonials, there are many appointments in the metropolis and in the provinces which he may be able to obtain, and which from the great experience and confidence they give one, will be found of the highest value, for when holding an appointment of House Physician or House Sur-

geon as the case may be, one is thrown much more on their own responsibility than when acting as a dresser or a clinical clerk.

## ON DELAYED RESOLUTION IN PNEUMONIA.

BY WILLIAM OSLER, M.D., M.R.C.P., LOND.

Professor of the Institutes of Medicine, McGill University, and Physician to the General Hospital, Montreal.

(Read before the Medico-Chirurgical Society of Montreal.)

There is no disease which we are called upon to treat to which the term 'self-limited' can more appropriately be applied than to pneumonia. It runs such a definite course, uninfluenced, to any material extent, by medicines, and terminates by crisis from the 5th to the 10th day, and in ordinary cases convalescence is complete, in from 15 to 20 days. So uniformly does this happen in uncomplicated cases, that any delay in convalescence or persistence of the physical signs is a cause of considerable anxiety on the part of the physician. I wish to call your attention this evening to two cases illustrating retarded resolution in this disease.

But first let me say a few words on the anatomical condition of the lungs. The stages of the disease are engorgement, red-hepatization, grey-hepatization and resolution. The essence of the process is an acute inflammation of the walls of the air-cells, accompanied by a free exudation into the alveoli and finer bronchi. In the stage of red-hepatization we find the air cells filled with a coagulated fibrinous exudation, enclosing in its meshes many red-blood corpuscles, leucocytes and granular epithelial cells. The affected part is firm, section dry, reddish in colour, and the granular plugs filling the air cells are very distinct. In the stage of grey-hepatization, the air cells are crowded with leucocytes and epithelial products, the extravasated blood corpuscles have lost their colouring matter and the pressure of the exudation has caused anæmia of the alveolar walls, hence the lung is pale or grey. The cut surface may be simply moist or it may be bathed with a quantity of a pus-like fluid, which seems to infiltrate the affected parenchyma and has given the name of purulent infiltration to this stage. We lack satisfactory information of the condition of the lung in resolution and of the details of the process.



Doubtless, fatty degeneration and liquefaction of the exudate occur and it is rapidly removed by absorption and expectoration. When we consider the amount of solid exudation in an inflamed lung, often amounting to several pounds, and the comparatively scanty expectoration frequently seen during the stage of resolution, we must conclude that the process is effected chiefly by absorption. Among the terminations of pneumonia, gangrene, abscess, caseation and fibroid induration are spoken of, but it is still regarded as an open question by some pathologists, whether true sthenic, fibrinous pneumonia ever terminates in these conditions. I have seen instances of both gangrene and abscess in undoubted lobar pneumonia. Indeed, I have often wondered, on the inspection of inflamed lungs in the third stage, soaked in a purulent exudation, the whole tissue swarming with pus corpuscles, that 'breaking' of the lung and formation of abscess did not more frequently occur. Caseation as a sequence of hepatization is perhaps still more rare. That it does not occur is probably due to the integrity and permeability of the blood-vessels of the alveoli. A case occurred two years ago in the General Hospital, in which caseation of the entire lung appeared to have followed a pneumonia, but the man was not under observation from the commencement, and there is room for doubt whether it was a true fibrinous pneumonia (vide Mont. Gen. Hosp. Reports, vol. I., p. 295). Even greater uncertainty prevails as to the termination of a simple pneumonia in fibroid induration, the chronic or interstitial pneumonia of some authors. Occasionally cases are met with in which, without any obvious cause, resolution of the inflammation does not take place, the physical signs persisting for weeks or even months. This occurs more frequently in children than in adults, in whom it is very exceptional. Leyden has recently called attention to this condition in an article in the *Berliner Klin. Wochenschrift*; he believes that two of the most important factors in its production are enfeeblement of the circulation by the fever, and unusual density of the exudation.

The following instances of this condition have come under my observation, and I have deemed them to be of sufficient interest to bring before you, as they illustrate recovery after persistence of the consolidation for several weeks :

CASE I.\* APEX PNEUMONIA. RESOLUTION IN THE 4TH WEEK.

W. S., aged 33, plumber, of average size, was admitted to the General Hospital April 15th, '79. Nothing of special note in the family history. Has been a healthy man. Is not intemperate. On April 5th got heated shovelling snow, and lay down on a sofa near an open window. In about an hour he awoke and immediately had a severe chill, lasting about 20 minutes. Became feverish during the night, had severe pain in the right side, got very hoarse and began to cough. Has been in bed ever since suffering with shortness of breath, fever and cough.

April 16th, 12th day of illness. T. 103°, P. 102. Pulse-respiration ratio 1 to 3.5. Face is pale and distressed looking. On examination, chest well formed, deficient expansion on right side; percussion reveals dullness on right side in front as low as the angle of the scapula, in axilla to 4th rib; blowing breathing and sub-crepitant râles over dull regions, tactile and vocal fremitus increased. Heart action strong, sounds clear. Nothing special in examination of other organs. Cough is very troublesome, short and hacking; expectoration, viscid and rusty colored; bowels are relaxed; urine about 40 ozs, high colored, chlorides present, no albumen. Ordered the Hospital acute pectoral mixture and linseed poultice to the chest.

The condition on the 13th, 14th and 15th days remained the same. T. ranged from 102° in the morning to 104° in the evening. Respirations about 40; pulse 110 to 120; bowels moved two or three times in the day; has been taking quinine, 10 grs. per diem.

16th day, seems better. Morning T. 100°, P. 84, R. 28, cough less troublesome, expectoration viscid but not so rusty. No change in the physical signs in front, behind the dullness appears clearing a little at angle of scapula and there are some fine sibilant râles in this region.

17th day. T. morning 99°; evening 100°, P. 81, R. 28; cough not so worrying; expectoration muco-purulent, very slightly tinged; urine more abundant, 50 ozs., not so high colored.

18th day, marked improvement in patient's condition; feels easier than on any day since the attack. T. morning 98°; evening 101°; R. 28, P.

\* Reported by Mr. Emdon Fritz.

24. Dulness is diminishing behind, but is still very marked in the inter and upper-scapular regions. The râles are coarser and the breathing is less bronchial. In front dulness is scarcely so intense, auscultatory signs persist.

21st day, patient continues to improve. T.  $100^{\circ}$  on previous evening, normal this morning; pulse 80, R. 26; expectoration less abundant. In front the dulness is much less intense; breathing still bronchial in character; râles very numerous at end of inspiration and becoming more liquid in character. Behind the note is much clearer, the breathing is becoming more natural and the râles not so abundant.

24th day, very little difference in the percussion note at apices behind; in front a shade of dulness persists, and on deep inspiration a few râles. Expiration is considerably prolonged and hollow. Temperature  $99^{\circ}$ . Cough has ceased to be troublesome; expectoration scanty.

26th day (April 30th), temperature normal, feels much better and was allowed to get up for a short time. Râles have disappeared. The prolonged and hollow character of expiration very marked.

From this time patient gained strength steadily and was discharged on the 14th of May. The marked prolongation of the expiratory murmur at right apex persisted.

The treatment throughout was restorative; nourishing food, six ounces of wine and from 5 to 10 grs. of quinine per diem.

CASE II\* LOBAR PNEUMONIA OF THE RIGHT LUNG.  
RESOLUTION IN 8TH WEEK.

F. S., aged 42, a well built man, was admitted to the General Hospital on May 10th, 1880. Served in the army for 21 years, has been a healthy man, had gonorrhœa and a bubo. Is not a hard drinker.

Initial chill on Monday, May 3rd, followed by fever, cough and pain in right side, which have persisted. On admission face suffused, anxious-looking. T.  $102^{\circ}$ , P. 117, of fair volume, R. 36, and shallow. Short cough with rusty sputa; complains of pain in region of right nipple. On examination, expansion deficient on right side. Dulness over whole of this side behind and extending well into axilla. In front dull beneath clavicle and for a finger's breadth below it. Blowing breathing, fine râles and exaggerated fremitus over dull areas. Bowels

open, urine high colored, chlorides present. On the 11th and 12th the temperature kept about  $103^{\circ}$ , respirations 35-40, P. 112 to 125. There was considerable distress, and troublesome cough. On the night of the 12th was delirious, and appeared a good deal worse in the morning. At the mid-day visit on 13th the dulness in front was found to have extended as low as 3rd intercostal space. T.  $102^{\circ}$ , R. 64, P. 120, and smaller in volume. Is slightly cyanotic in face and finger tips. Ordered the stimulants to be increased.

At 10 p.m I went to the Hospital, as I felt uneasy about patient's condition. Found him dozing. R. 66 P. 130, small and weaker than in the morning. Face more cyanotic; finger tips blue. Feeling convinced that the patient was gradually dying of suffocation I ordered him to be bled, and the House Surgeon abstracted xviii ozs. of blood from the arm. Fifteen minutes after, patient expressed himself as much relieved. Respirations 52, P. 106, and of much better volume. In the morning (14th) P. 106, R. 40, T.  $101^{\circ}$ . Had a better night, not so delirious. Face still suffused, but not cyanotic.

May 15th (12th day of illness). Feels better. P. 87, R. 30, T.  $101.5^{\circ}$ ; expectoration abundant; rusty colored; cough troublesome. Physical signs persist unchanged with the exception of the râles, which are not so fine as they were. For the next five days the temperature did not rise above  $100^{\circ}$ , and his general condition improved. Expectoration abundant, less viscid and not so blood-stained; no essential change in physical signs. On the 20th temperature began to rise, and on the evening of the 21st reached  $102.5^{\circ}$ . The respirations and pulse also increased slightly in frequency, but examination of the chest did not reveal any extension of the inflammation. On the morning of the 22nd T. was normal, rose to  $101^{\circ}$  in the evening and until the 29th kept between  $101^{\circ}$  and  $103^{\circ}$ , there being no regularity in the exacerbations; on the 23 and 24th evenings exacerbations of  $3^{\circ}$  took place. During this period the cough has been rather more troublesome, expectoration abundant, less viscid, but still rusty. Note as to condition of lung on the 29th is:—Dulness persists in front to lower border of 3rd rib, and behind from apex to base. In front, inspiration blowing and at the termination here are sub-crepitant râles; in 2nd space it is distinctly wavy. Expiration loud, coarse and pro-

\* Reported by Mr. J. C. Shanks.



longed. Behind bronchial breathing with râles over whole surface, at extreme base the breath sounds are less intense.

From the 31st the temperature remained, with the exception of the morning of the 4th of June, below 100°, the morning record being 97°, and the evening between 98° and 99°.

June 5th (34th day of disease). General condition is improving, cough less troublesome, expectoration more liquid with small yellowish-brown bits scattered through it. Appetite is good and he sleeps well; bowels are freely moved about every second day; amount of urine averaged about 45 ozs; respirations 20 to 25 per minute; pulse 80. Note of this date on the physical signs is:—Dulness unchanged; subcrepitant râles in front; wavy inspiration persists in 2nd space; in quiet inspiration no râles heard behind, only the bronchial breathing, which is in marked contrast to the normal sounds of the opposite side; on deep inspiration, very fine small crackles at the end of the act; vocal and tactile fremitus increased.

13th. The past week has made very little change in the condition of the lung, physical signs absolutely the same; was weighed on the 8th, turned the scale at 120 lbs.; normal weight over 145 lbs.; expectoration not so abundant, half of a pint in 24 hours, is more tenacious; pulse ranges about 76; respiration about 20. Measurement of chest gave 16 $\frac{3}{4}$  inches for left side, 15 $\frac{3}{4}$  for the right.

16th—(45th day of the disease)—Dulness not so marked from the angle of scapula down, and the note here is rather tubular in character. The râles are more abundant, particularly in superior axillary region; at the base the breath sounds are feebler than in other parts, but have the same bronchial character. Patient gets up for a little while each day, but feels very weak.

19th. Was weighed; has gained 5 $\frac{1}{2}$  lbs. since the 8th.

22nd. In front the dull note is not so marked; breathing still hollow, and expiration is much prolonged, râles not numerous. The posterior part is also clearing a little, breathing harsh and bronchial, râles scarcely to be heard, except at outer border of scapula. From this date resolution proceeded rapidly.

25th—(54th day)—Dulness in front has almost disappeared; breath sounds coarse, expiration prolonged. Behind there is only a slight difference

to be noticed in the percussion note in the scapular and inter-scapular areas. Two fingers breadth below the angle of scapula the note is decidedly tympanitic. The breathing is coarse and rough, compared with the left side; râles only at outer border of scapula; tactile and vocal fremitus still a little exaggerated. General condition is very good; has scarcely any cough, no fever, and has a ravenous appetite.

Improvement in condition of lung continued and on the 28th he was discharged, the dulness having entirely disappeared, except a shade at the right base; breath sounds somewhat coarser and expiration prolonged, particularly noticable in front.

July 8th, 10 days after discharge, reported himself for examination; weight 137 lbs; looks much better; examination of the chest showed expansion to be still a little defective on right side, particularly at the base. Scarcely any difference in the character of the breath sounds on the two sides, except at the extreme right base where the respiration is weaker, and there is still a shade of dulness.

The treatment consisted in full stimulation in the early and active stage of the disease, poultices to the chest, moderate doses of quinine, and the iodide and acetate of potash on the supposition that they might favour resolution.

It is difficult to understand how a solid exudation can remain for weeks in the air cells without permanently damaging them, but that it may do so is evident from these and other cases. The lung appears to alter but little, maintaining the features of hepatization. Grisolle gives a case in which death occurred on the 60th day, and yet the affected part looked not unlike the acute stage of the disease.

On July 20th, 1877, I performed a post-mortem on a man who was stated to have been ill with Pneumonia for between two and three months. The whole of the left lung was solidified, in a state of grey-hepatization, and the note made at the time was: "resists the knife on section, as if there was hypertrophy of the connective tissue; lobular division of the lung obliterated." The granular condition was still visible. In this case there was a gangrenous cavity at the posterior part of the organ.

It is not easy to see the reasons for retardation of resolution in these two cases. The situation of

the consolidation in Case I. may have had some influence. Of 150 cases of simple pneumonia reported by Bleuler, in 7 resolution was delayed beyond the 20th day, and in three of these the right upper lobe was affected. Huss, and several other writers have noticed the same thing in apex pneumonia. In Case II. the fact of the man having been a soldier for 21 years is rather against soundness of constitution; though there were no evident signs of degeneration, and he denied excessive use of alcohol. Chomel calls attention to excessive bleeding as a cause of protracted resolution; but the amount abstracted in this instance was scarcely sufficient to have had any such effect.

I think we can learn from these cases not to be over-anxious about delayed resolution in ordinary pneumonia, so long as the patient's condition keeps up and the constitutional disturbance is slight.

### FIBROID DEGENERATION OF THE PYLORUS.

BY L. D. HEALY, M.D., BRANTFORD, ONT.

As this disease is looked upon as a rarity, the following case may be of interest. The method of alimentation used is one recently introduced to notice, and I hope that those who may find it desirable to use nutritive enemata will give this a trial and give the profession the result of their experience.

In this case death evidently was due to inanition, and not directly to the diseased obstruction, for had the proper elements of nutrition been supplied to the blood, life might have been prolonged.

J. M. F., Physician, æt. 58 yrs. Had been dyspeptic nearly all his life, but unusually so troubled for five or six months, when one day he went beyond his usual dinner hour and then partook of a hasty meal, which he very soon afterwards vomited. For upwards of nine weeks he continued to attend to his practice, which considerably broke in upon his rest and sleep. During all this time nothing was retained on his stomach—everything being ejected as a rule, shortly after it was taken. He tried various remedies with no other effect than that of aggravating his symptoms.

On being called, June 27th, I found him so weak that he was unable to walk across the room, or to get out and in bed without assistance. Throughout his illness he had a good appetite. He had no

difficulty in swallowing, no fever, no pain, no tenderness, nor could any tumor be felt; his skin had a healthy, natural appearance, and as time advanced became unusually clear for a person of his age. Pulse normal, tongue clean and moist and otherwise natural in appearance, bowels costive, urine normal, intellect clear, and slept well. To effect a movement of his bowels he had to take a good dose of blue pill, which formerly was known to act freely—at this time it was without effect. A couple of days afterwards a dose of magnes. sulph. produced a copious watery evacuation with very little fecal matter. The vomiting was regurgitation rather than emesis, the contents coming up without any effort. In this way he raised in excess of the quantity taken, the excess consisting principally of viscid mucus. At one time he had been able to retain food for 36 hrs., when it returned as usual. On examination, the stomach was found somewhat dilated with the products of fermentation.

In view of nothing passing into the bowel as the symptoms would indicate, and of the persistent vomiting, the absence of any pain, tenderness or other symptom of ulcer or acute disease, it seemed natural to conclude that there must be obstruction to the food from escaping from the stomach since he had no dysphagia and had taken food in considerable quantity and retained it on one or two occasions for a whole day or more. There was nothing to lead one to suppose any disease of the head of the pancreas, beyond that of a strong desire for food. Where cancer affects the head of the pancreas so as to lead to intestinal obstruction we have jaundice and a tumor can be felt. I inferred therefore that the seat of the obstruction was most likely at the pylorus itself, and the large quantity of viscid mucus expelled, showing that there was considerable irritation, at least, at that point, tended to strengthen this view.

If this diagnosis be correct, the prognosis must be necessarily grave, and a palliative and nutritive treatment the only one offering any prospect of success. To conserve the vital forces by quiet of body and mind, to supply the waste by nutritive enemata, and to allay the irritated mucous membrane seemed to me the indications. Accordingly he was directed to maintain perfect quietude. Nutritive enemata passed well up the bowel by means of a No. 12 gum elastic catheter attached to an ordinary enema syringe was used morning and



evening. After the first five days the enemata consisted of defibrinated beef blood—6 ozs. being the quantity used at a time. This was generally retained. To shield the irritated mucous membrane subnitrate of bismuth was given at intervals, and as a rule nothing else was taken.

On my second visit, three days after the first, he appeared stronger. The morning after I first saw him he vomited two or three times, but not since. The flatulence showed that there was still fermentative matter present. Having provided myself with a stomach-pump I used it and removed about three pints of dark acid liquid mixed with a large quantity of viscid mucus. I then washed out the stomach till the water came away clear. He was now allowed a tablespoonful of milk, with a like quantity of lime-water every hour. After two days I saw him again. There had been no vomiting, and on using the stomach pump found that nearly all the milk and lime-water had passed the pylorus. He was consequently much stronger, and could walk across the room unassisted. The mucus had very considerably diminished in quantity. The milk and lime-water were increased to one and a half tablespoonfuls each.

Without my knowledge, the following two days—Saturday and Sunday—he was disturbed a good deal by callers. I afterwards learned that he also had been in different apartments of the house, and even up-stairs—all unassisted—showing that he was deriving strength from the food passing into the bowel and being assimilated. There had been no vomiting for an entire week, the mucus had disappeared from the washings of the stomach and he appeared to be improving nicely, when, from some cause—I fancied possibly from undue exertion—a relapse and vomiting set in again. From this time all efforts were unavailing, and he gradually weakened and died, notwithstanding rectal alimentation and greater quietude, after I had been attending him about six weeks, making in all fifteen weeks of illness and almost constant vomiting from the time it began.

Inspection was made sixteen hours after death, in which I was assisted by Dr. Bown, of Brantford. On opening the abdomen the stomach was seen to contain about a quart of liquid. The pyloric end was much thickened—was non-adherent to the adjoining structures and presented some biliary stain. ing on its posterior aspect; the pylorus was so

completely closed that its contents could not pass—although by inserting the nozzle of a syringe into the entrance of the pylorus water could be passed through. The thickening, about the consistence of an unimpregnated uterus, was wholly on the stomach side of the pylorus and of  $2\frac{1}{2}$  inches in length, gradually diminishing to the normal thickness. It was annular, but thicker behind than in front. There was no affection of any of the adjoining glands or other structures. The omentum was almost entirely absorbed, the intestines contained only gas; gall bladder full; liver normal and post-mortem infiltration of bile on its under surface. On opening the stomach no trace of any lesion of any blood-vessel, or ulceration, or softening of mucous membrane could be found. A singular feature in this case was that the commencement of the rectum and sigmoid flexure of the colon were on the right side. On microscopical examination the non-malignant character of the growth was well shown—true cancerous structures were absent, the thickening consisting of fibrous tissue passing between the involuntary muscular fibre. Neither the peritoneal nor mucous coverings were abnormal beyond a scarcely appreciable thickening of the mucous membrane—the diseased condition apparently arising from fibroid degeneration of the submucous and submuscular tissues followed by hypertrophy of the muscular coat.

Of the blood that had been injected the liquid portion had been absorbed, the corpuscles remaining and filling the colon even to the ileo cæcal valve. Dr. A. H. Smith, of New York, in speaking of rectal alimentation refers to defibrinated beef blood being used, and says that three to four ounces of blood administered at night would be so completely absorbed in the course of 8 to 10 hrs. that no trace could be found in the morning evacuations. This induced me to try it.

If absorbed it would directly enter the circulation as blood and supply reparative material and food for the tissues at once without any further development as required of other nutritives. In this way we might obtain all the advantages of transfusion and avoid all its risks. Moreover, it seems reasonable to suppose that the elements of the blood—the corpuscles and serum—should be more readily absorbed than any other nutritive, let it be digested ever so perfectly.

About once every 4 to 6 days there was a move-

ment of the bowels. I was told that the contents passed were regular faecal matter together with a portion of the blood just injected. I did not question the statement, and consequently did not examine it, and supposed that all parts of the blood were being absorbed. It was only on post-mortem examination that I learned to the contrary. I have no explanation to offer why the corpuscles were unabsorbed, whilst serum was absorbed. We know that the mucous fluids of the rectum are alkaline in reaction, and that to promote rapid and perfect osmosis of the ordinary enemata we must render the latter acid. Whether rendering the blood enemata acid would induce complete absorption remains to be found out by experience.

In this, the above case is of interest, as it may institute inquiry. It also illustrates how there may be apparently complete pyloric obstruction, but where *positive* symptoms of cancer are absent—by rest and rectal alimentation much benefit may be derived, and possibly if taken sufficiently early a passage may be obtained and life prolonged for a considerable period, if diet be properly selected and regulated and exercise not inconsiderately indulged in. But, however much we may gain we need not expect that our patient can ever be as regardless of his manner of living as before. At best, we can hope only to arrest, not to remove the difficulty.

Another interesting feature was the peculiar situation of the rectum and sigmoid flexure of the colon. It also illustrates the value of the stomach-pump in treating cases attended with indigestion as well as dilated stomach.

### MEMOIR OF PAUL BROCA.

BY JOSEPH WORKMAN, M.D., TORONTO.

We extract from the *Circulo Medico Argentino* of September, the following memoir of the career of the above named distinguished French surgeon, which, we feel assured, will be read with deep interest by every member of our profession who has learned to appreciate the extent of our indebtedness to the eminent masters of the French school, among whom few have ever attained to a more elevated and honorable position than Paul Broca :

"Paul Broca was born in Sainte Foy la Grande, a small town in la Gironde, in the year 1824, where his father was a practising physician. The youth

Broca was sent to study in Paris. At the age of 17 he obtained the Bachelorate, and purposed entering the polytechnic school, with a view to qualify for a military life, which was his own first idea ; but his father, on learning his project, induced him to desist, and to enter on the study of medicine, a science which was destined to become to him prolific of triumphs. According to his own confession he felt no special call to any course of life, believing that every man may select, at hazard, his vocation, and achieve success according to his efforts. (*Querer es poder.*)—(To will is to win).

His first triumph in medical life was in his 20th year, when he obtained by *concours* the position of *interne* in the Hospitals of Paris. He was in succession nominated Assistant in Anatomy, Laureate of the Hospitals, Prosecutor in the faculty of Medicine, and finally he acquired the title of Doctor in 1848. At this time his father invited him to return to his little native town to practise his profession, but he tenaciously refused, declaring that it was his intention to remain in Paris. In 1852, after a brilliant competition, he obtained the position of substitute professor of the Faculty in Paris, and in 1853 that of surgeon of the Hospitals. In 1854 he substituted Professor Gerdy in the Faculty during the winter, and Professor Laugier as surgeon in the Hotel Dieu during the spring. In 1858 he substituted also Professor Joubert de Lamballe in the Hotel Dieu. From this time onward his ascent was gradual, as is usual in the Hospitals in Paris, until 1858, when he replaced the great surgeon Nelaton, as professor of clinical surgery, the highest distinction among the professors of the Faculty.

He published innumerable memoirs and original articles, in which he, on several occasions, made known his discoveries on matters of supreme interest in medical science. In 1850 he published a memoir on the pathological anatomy of cancer, for which he obtained the *Portal* prize of the Academy of Medicine. The most salient feature in this work is the anatomical diagnosis according to the characters visible at simple sight ; in this manner the histological classification is presented as sanctioned by ordinary pathological anatomy. The greater part of this memoir is devoted to the study of cancerous tumors properly so-called ; beyond limiting himself to the description of the elements and textures of these tumours, M. Broca studied the diverse phases of their evolution, taking



the cancerous tumor in its commencement, and following it up to the period of general infection of the economy. He demonstrated that all the grades of its evolution, increase, propagation, softening, ulceration, invasion of the lymphatic ganglions, etc., are the direct consequence of the multiplication of its microscopic elements. At a later date he, in collaboration with MM Beau and Bonamy, published the grand Atlas of Descriptive Anatomy. The explanatory text pertained *in toto* to Broca, and formed the third volume of this important work. In this work we meet with newly bestowed labors, among which may chiefly be mentioned his description of the gingival arterial arches, the discovery of the muscle amigdaloglossus, the study of the tumors of the stomach, and on the liver and spleen, etc.

In 1858 he published his beautiful and incomparable Treatise on Aneurisms, which was rewarded by the Academy of Sciences. The first part of this work includes a chapter completely new, on the pathological physiology of aneurisms. M. Broca describes the circulatory phenomena, both in the aneurismal tumor and the arteries situated beneath the sac; he studies the favorable conditions in which active and passive coagula are formed, and the phenomena which are the consequence of the formation of these two species of coagula.

The second part comprehends the history, enumeration and valuation of each of the methods proposed for the cure of aneurisms, and the different processes. The author has not feared to enter into historical and critical enquiries, with the twofold intention of doing justice to those who had specially occupied themselves with this most interesting subject of external pathology, and of acquiring from the study of the past the knowledge of facts that may be instructive for the present and the future. For the description and appreciation of all the curative methods of this affection he had at his disposal more than eleven hundred observations, with the aid of which he was able clearly to exhibit the very erroneous opinions of the ancients, and he has done all possible for determining the mode of action of each of the methods. Finally, M. Broca has bestowed upon us, in a chapter devoted to galvanopuncture, the discoveries made by him, in company with Professor Regnault, on the coagulating action of the galvanic currents.

In 1863 he published his famous Treatise on Tumours. This work, which might be sufficient to render illustrious the life of a man who had reached the end of his career, was the fruit of 15 years of study and discoveries on one of the most difficult and most discussed questions of pathology.

Convinced that well observed facts should not stand in contradiction to each other, M. Broca had already demonstrated in previous labours, that the distinctions established by the microscope coincide with the anatomical differences appreciable by the simple sight; hence, in his work on tumors he proposed to prove these anatomical differences of properties, and that they give place to clinical differences more or less exactly defined, but always true.

At a later period he published a memoir on resuscitant animals; another on general instructions in Anthropology, and subsequently his memoirs on Anthropology. He afterwards gave to light a work on the Brain, in which a multitude of discoveries are presented. In these memoirs, in which numerous articles attract attention, we meet with valuable investigations on Ethnology in France, in which, after an historical discussion on the ethnological origins of the people of France, he proves that the characteristics of the two great races of the Gauls, although predominating in the two respective regions occupied by them in the time of Julius Cæsar, have been, in almost all parts, modified by crossings. He shows the durable influence which these different crossings have exercised on the characteristics of the existing populations, and in particular on their stature. He next studies the differences in height, in France, basing his observations on information derived from councils of revision, and he clearly demonstrates that ethnological origins alone can explain the details of the distribution. The map, with four different colors, which the author annexes to his work and which represents the variations of height in the different departments, is divided by colored lines into two grand regions, exactly corresponding to the Belgic and Celtic Gauls of Julius Cæsar.

Another book, extremely interesting, by this savant, is that regarding the relative weight of the brain of the French and the Germans, in which M. Broca points out the causes of the error of Huschke, who compared the brain of the Germans with that of the French, by taking as his average

the brains of primitive Germans, a collection in which a great many suicides and executed persons are embraced. The brain in disease wastes like other organs, as has been shown by Malgaigne, who with reason adds that the brains of those dying suddenly are on the average heavier. Besides, crime and suicide may almost always be attributed to mental alienation, and it is known that in the non-paralytic insane the weight of the brain is ordinarily increased (?)

Suicides and criminals constitute a particular category, and for this reason M. Broca has withdrawn them from the statistics of Huschke, and thus he has succeeded in proving that the brains of Germans do not, on the average, differ from those of the French.

Another study, no less curious, made by this distinguished anthropologist and surgeon, was that of the capacity of crania of Parisiens, in different epochs. This memoir includes the result of his studies on 384 crania deposited by him in the Museum of the Anthropological Society, by which institution provision was made for the excavations at Paris. The crania are divided into three series, more or less equal, the first corresponding to the epochs prior to Philip Augustus, the second to the 16th century, and the third to the 19th. The medium capacity of the cranium has been augmented, in the course of six or seven centuries, by more than 35 cubic centimetres, and this increase is found particularly in the anterior region. The 125 crania of the series of the 19th century are divided into two classes, one comprising those procured from distinct graves, and the other from the common fossa, which in this age receives only the bodies of the lowest class, and of those legally disinherited. The measurements of the crania of these two classes have shown a difference of 80 cubic centimetres in favor of the well-to-do class. The study of the crania of the middle ages has given results interesting as regards the cephalic types of the Parisian population in this epoch, when the mixture of the Gaul and German races was less advanced than it now is. The 125 crania of the middle age series consist of a nearly equal number of dolico-cephalic and brachy-cephalic crania, of forms intermediate, resulting from the mixture of the races. The brachy-cephalic type is that of the autochthones prior to the first invasion of the Indo-European people, who were subdued by the Celts, who op-

posed to stone implements of war, those of metal; the brachy-cephalic autochthones had been regarded as a race inferior to their conquerors; M. Broca has however established that the capacity of the cranium was greater in the conquered than in their conquerors.

It is to M. Broca that is due the glory of having studied, with exactitude, Aphasia, the convolutions, a part of the cerebral localizations, and particularly that of speech, which is found to occupy the third frontal convolution, or, as now called, that of Broca. Finally it may be said, without fear of dispute, that there is not a point in Pathology, Anatomy, or Anthropology, to the aggrandizement and advancement of which Broca has not powerfully contributed. He was an indefatigable worker, and according to him a minute ought not to be lost; he was a beloved professor, a pure writer, an independent liberal, the most popular of the Professors of the Faculty of Paris, an official of the Legion of Honor, honorary Secretary and founder of the Institute of Anthropology, of Paris, a member of almost every learned society in Europe, and an immovable senator. Ah, well! this great man whose biography we have just been tracing in broken outline, is now no more; all the journals of Paris have largely eulogised him, and some in far distant Buenos Aires have given the details of his final exit.

On Wednesday, the 7th of July, he rose very early, as was his custom, without feeling the slightest illness, and he went to his service at the Hospital Neckar, as he was that day to perform an operation with his honorable colleague, Professor Guyon. On alighting from his carriage he felt a slight indisposition, probably the same as we sometimes saw him suffer under when attending his clinics, and which he was wont to designate intercostal neuralgia. How singular! the author of the best book on aneurisms, the physician who had seen many affected with the disease, was completely ignorant that he had the same ailment, and that it was soon to terminate his existence. In spite of feeling himself unwell, he made his accustomed visitation; he returned to his house to take a short repose, and then to go to the Senate, intending to dine with his friend, Victor Hugo. In the middle of the sitting his neuralgia returned, with intense pains in the precordial region, radiating down the left arm; these pains were so acute down to the elbow, that syncope appeared imminent; after a



brief repose all seemed to have passed off, and he was seen in free conversation with his colleagues on the subject of the amnesty. Feeling again ill, he retired after pledging himself not to be absent on the day of the vote. Having stepped aside to salute M. Leon Say, that gentleman said, "do not forget to come to-morrow," to which Broca replied, "I shall take good care—*au revoir*." Having reached home he again felt some disturbance, and some friends who had heard of his illness came to visit him; with his wonted amiability he said to them he was a little indisposed, but not sick.

At eleven of the night he went to bed, probably the first time in his life at so early an hour, for it was his custom to work till 3 or 4 of the morning. His wife accompanied him; he took some drops of laudanum, he became calm and slept; an hour had not passed when a peculiar noise aroused his wife, she called him, took his hand, all power had fled, he was dead.

NOTE—Happy Broca! whom aneurism rescued from insanity and paralysis. Had his heart been stronger, his brain must have yielded to the *over-work* imposed on it.)—*Translator*.

Here is the announcement of his last exequies, which we have read in the journals of Paris:—

"This day will take place the funeral of M. Broca, the honorable Senator and liberal thinker. His sons will head the mourning cortege; behind them will come the Deputation from the Senate, and the members of the Faculty of Medicine; the cords of the pall will be borne by the seigneurs, Eugene Pelletan (Senator), Jules Ferry (Minister of Public Instruction), Vulpian (Dean of the Faculty of Medicine), Roger (President of the Academy of Medicine), Louha (President of the Institute of Anthropology), Guerin (Surgeon of the Hospitals), and Olivier and Gariel (Professors of the Faculty of Paris), Gazot (Grand Chancellor of France), Charles Quenten (Director of Public Assistance), Spuller (Deputy), and the Doctors, Professors of the Faculty; Trelat, Charcot, Bergeron, Wurtz, de Bauvais, etc., etc.

#### SALIVARY CALCULUS AND ENCYSTED HYDROCELE.

BY JAMES SKIRVING, M.R.C.S., ENG., TAVISTOCK, ONT.

I had rather an interesting case lately under my care which may not be unworthy your notice, firstly

on account of the rarity of its occurrence, and secondly on account of the complications and difficulty of diagnosis.

Mrs. H., æt. 52, has been for several years noticing an enlargement at the angle of the lower jaw, but for the last three years this enlargement has assumed greater dimensions, till now—July 5th—it extends nearly to the clavicle. On examining the tumour I found it semi-fluctuant (patient had just breakfasted). On examining the interior of the mouth I found the whole course of the Whartonian duct tumefied, and to the right side of the frænum linguæ I detected a hard round substance, which I diagnosed to be a salivary calculus.

The symptoms the patient complained of at first, were the unsightliness of the growth and the sensation of pressure after food. She had been under the treatment of several different medical men, who gave medicines, embrocations, etc., etc., together with general treatment. The patient was thus kept in good physical health; but now the tumour has become enlarged to such an extent as to cause considerable neuralgic pain and vomiting, or an inclination to vomit after eating. The recumbent position, with the tumour tightly bound up seemed to be the most comfortable. I concluded therefore that the symptoms were reflex, and caused by pressure on the vagus or recurrent laryngeal nerve, or both.

Treatment—On July 7th, assisted by Dr. Rankin, the patient being under chloroform I made an incision over what I thought to be a calculus and extracted one weighing 6 grains, length  $\frac{3}{4}$  of an inch, circumference  $\frac{7}{8}$ . I endeavored to pass a fine probe into the Whartonian duct, but failed. So, determined to wait a few days, but finding no natural discharge of saliva, on the 9th of July, chloroform being again administered by Dr. Rankin, I dissected the tumefied tissue as far back as possible. There was still no diminution of the tumour, so on the 11th I aspirated, drawing away two and a half ounces of fluid, which was nearly all pure albumen. I again aspirated on the 13th, drawing off two ounces, greatly to the patient's relief; on the 15th aspirated again and injected a solution of iodine, iodide of potassium and glycerine. There has been no need of a second injection, and the patient is entirely cured.

Deductions—Most probably the nucleus of this calculus was a piece of consolidated mucus around

which earthy salts were deposited. The duct being thus obstructed subacute inflammation set in eventually occluding the whole duct; the gland continuing its function saliva was secreted, but not evacuated, and from constant irritation an exudate of liquor sanguinis or hydrocele fluid was thrown out, causing the goitrous appearance. The treatment being analagous to that for the radical cure of hydrocele, and being perfectly successful would lead to that belief.

### Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In the *Canada Lancet* for this month is a communication, originally published in the *London Lancet* of the 18th September by Dr. Kennedy, of Bath, Ont., upon the effects of large doses of olive oil in the solution and expulsion of biliary calculi, which, I think, under the circumstances hereafter to be noted requires from me some comment. If I understand Dr. Kennedy aright he has endeavoured to convey the idea, that the use of olive oil administered in large doses to patients in whom there were symptoms of the passage of biliary calculi from the gall ducts, has not hitherto attracted the attention of the profession, otherwise I do not understand what object he could have in view in publishing his cases in the *London Lancet*. The statements contained in his communication, however, brought out the following incisive criticism from Dr. James B. Ball, of Brixton, which appeared in the *London Lancet* of the 25th of the same month.

“Dr. Roderick Kennedy’s communication on this subject, which appears in to-day’s *Lancet* deserves some comment. Dr. Kennedy states that in every case in which gall-stones were proved or presumed to be the cause of periodic suffering, and in some instances in which there was merely obstruction to the proper flow of bile, the administration of large doses of olive oil was followed by prompt and painless expulsion of a surprising number of gall-stones. It is probable that Dr. Kennedy might have obtained equally surprising results if he had administered similar doses of oil to persons who had no liver symptoms whatever. Dr. Kennedy has offered no satisfactory proof that these bodies which were expelled in such a whole-

sale and painless manner were really gall-stones. A reference will be found in Flint’s Practice of Medicine, fourth edition, page 460, to cases where enormous numbers of fatty concretions were passed after administration of large doses of olive oil given with a view to expel gall-stones. At all events a treatment followed by such tangible results must needs be very comforting to the patient’s feelings.”

The first case reported by Dr. Kennedy is that of an aged farmer Robert C—, of Adolphus-town. Up to the time Dr. Kennedy visited him he had been under my charge, and I had been in the habit of attending the family for the last twenty-five years. I visited him for the first time in the illness referred to, on the 1st Dec. 1878, and at stated intervals up to the 20th day of the same month. He had during this period many severe attacks presenting all the usual symptoms of the passage of gall-stones. I treated each attack with hot fomentations applied outwardly, together with opium, belladonna, ether and chloroform. He was also ordered an alkaline mixture to be taken at stated intervals daily. As the attacks became less frequent and severe, and as my patient lived twelve miles out of town, I deemed it advisable to furnish his attendants with all necessary information and instructions what to do to relieve him of his sufferings in the event of a renewed attack, which did not occur more frequently than once in a week or ten days. Such was the condition of the patient when he was visited by Dr. Kennedy. The sequel which followed the administration of large doses of olive oil has been fully set forth in his printed report in the *Lancet*. It was accompanied we are told by the discharge of a surprising number of gall-stones in the evacuations. Some specimens were brought to me by members of the household, with an apology that they would have had more of them only they nearly all melted away within an hour or two after being evacuated. Those that reached me in fairest condition were partly composed of small round bodies described by Prof. Taylor, as “not unlike those which are characteristic of the evacuations of the sheep or goat,” and may be produced by the administration of large doses of olive oil in healthy persons; some had the waxy appearance described by Dunglison, and although not of “sufficient consistence to bear being cut with a knife like wax,”



possessed considerable firmness. These bodies, says Dr. Dunglison, may be seen in the evacuations of patients when large doses of olive oil have been administered.

I do not for a moment doubt that Dr. Kennedy is honest in his convictions, that he had added something to medical therapeutics, as it would be difficult to account upon any other hypothesis how it came to pass that Robt. C—— fully believes he passed several hundred gall-stones, and that he was cured by large doses of olive oil; that the Dr. had “discovered a new remedy for the solution and expulsion of gall-stone that was unknown to the medical profession,” and that the number of cases of gall-stone and their successful treatment with this remedy had increased of late very remarkably in Dr. Kennedy’s practice in Bath and its neighborhood.

Yours, sincerely,

A. RUTTAN, M.D.

Napanee, Nov. 16th, 1880.

### ORGANIZATION OF A BLOOD CLOT.

To the Editor of THE CANADA LANCET.

SIR,—At the late meeting of the Canada Medical Association held in Ottawa, Dr. Hingston, of Montreal read a paper on the “Treatment of Surgical Wounds.” In the discussion which followed I made reference to the fact that a blood clot becomes organized in a wound which is treated with proper antiseptic precautions (Listerism.) Dr. Canniff in his remarks said that when a clot did become organized, “it was not blood but fibrine colored by hæmatine.” In the Oct. number of the *Canada Medical Record* he again makes this statement, but on neither occasion has he furnished any proof of its truth.

A blood clot is composed of fibrine and corpuscles. In order that the latter should be displaced by hæmatine, it is necessary that the hæmoglobin contained in the corpuscles should undergo decomposition and the only agents capable of effecting this\* are warmth (140 to 180° F), acids and caustic alkalis. Now as none of these forces are at work in a wound, it follows that there is no such combination as “fibrine colored by hæmatine.” If Dr. Canniff means hæmoglobin when he refers to

hæmatine, he will have to show how it is that the red corpuscles are destroyed and their hæmoglobin separated from the albuminous stroma. It is not my intention at present to say anything about Listerism in general, but would simply say in conclusion that to characterize as a “hocus pocus proceeding” what has done so much for humanity, in the way of preventing death and alleviating pain, is surely a very ungenerous statement, coming as it does from the President elect of the Canada Medical Association.

Yours, etc.,

J. STEWART.

Brucefield, Nov. 15th, 1880.

### ONTARIO MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR :—In your last issue, you call attention to the formation of a Medical Association for Ontario. I feel confident the medical profession of Ontario earnestly desire such an Association, and will respond to your suggestions.

The Dominion Medical Association is an important, useful and necessary body; it has done well in the past, and the promises for the future are excellent. Let honor be given to the able men who organized and sustained it so well. This national assembly will always command a strong contingent from this Province. The magnificent proportions of our country present a great number of busy practitioners from attending, so that the few only receive the benefits required by the many. This deficiency can only be overcome by the formation of an Association for Ontario. The profession is losing a great amount of most valuable practical knowledge for the want of collecting it—a large harvest ungarnered. Our “Division Medical Associations” are useful, but too often, petty jealousies are allowed to mar their influence or destroy them altogether. The repeated births and deaths of these bodies are not complimentary to those connected with them. This difficulty is not likely to occur in an association of much broader basis. Much has been said and written about professional etiquette and it is well that this should be so; but when medical men know each other better, they will appreciate one another more and create a feeling within that shall prompt

\*Foster’s Text Book of Physiology 3rd ed. p. 321. Carpenter’s physiology 8th ed. p. 246.

pure professional conduct where the first written rule is unknown.

It is our bounden duty to carefully guard the professional status we now enjoy, and no less important to steadily improve our position. At present we are almost powerless, drifting about at the mercy of circumstances. United we can propose and carefully mature any measures necessary for our welfare, and then with confidence ask, and support necessary legislation. We are justly proud of the means of education in our public schools and colleges; but it must be confessed that the position we take with reference to State or Preventive Medicine is not consistent with the knowledge we possess. Ontario urgently requires a system of State Medicine. A powerful and intelligent body of medical men is necessary to devise such a system, cause it to be made law, and see that it is effectually executed, as it now is in many neighboring States.

A minor consideration is, shall its meetings be fixed or perambulating? Either mode will be beneficial, but a permanent central place will be the best. Toronto will fill all the conditions of a suitable point. Once a year, and a session of two days in the summer season, will meet the views of a large majority. May 1881 witness the advent of the Ontario Medical Association.

GEO. A. TYE.

Thamesville, 13th Nov., 1880.

## Reports of Societies.

### TORONTO MEDICAL SOCIETY.

Sep 23rd.—The President called the meeting to order at 8.20 p.m. The minutes of the last meeting were read and adopted, after which Dr. Davidson was elected a member of the society.

Dr. Graham read the following notes of a case which was under his care at the General Hospital: W. S., æt. 20, farm labourer, admitted Sept. 10, 1880, in a semi-comatose condition. All the information which could be acquired concerning him was, that about four months ago he had had ague for which he had taken arsenic and improved. He had been ill, off and on, until ten days ago when he was notably stupid and had some mental aberration. On admission he was semi-comatose a good deal of fluid in the abdomen, some albumen

in the urine, and passing large quantities of urine. His temperature fluctuated between 103° and 95°. Pulse rapid and irregular, a heart murmur could be heard which was taken for a hæmic murmur. His blood was examined on several occasions and found to contain an increase of white corpuscles. He was taking strychnine, iron and phosphorus—on the 18th he died. The post mortem showed kidneys enlarged, pale; spleen 16 oz.; heart with large vegetations attached to the tricuspid valves. Dr. Zimmerman showed the specimens. Dr. Graham's opinion of the case halted between leucocythemia and pernicious anæmia.

Dr. Oldright wished to know if the condition of the thymus gland had been observed.

Dr. Cameron in regard to the murmur which had been taken for a hæmic murmur, drew attention to a case reported lately by Garel to the Lyon Medical Society, in which a large tumour of the tricuspid valve was found p. m., which had, during life, betrayed its presence by no abnormal sound, only by jugular pulsation. He wished to know in regard to the blood, if Dr. Graham had found a relative or actual increase of the white blood corpuscles.

Dr. Graham replied that he thought there was an actual increase of the white corpuscles.

Dr. White thought the case would be classed in malarial districts amongst the pernicious intermittent cases.

Dr. Zimmerman exhibited a tumour of the testicle weighing 3 lbs. 3 oz., which he had removed from a subject of whom he had no history except that he had been in the hospital for about one year. The abdomen was apparently full of diseased structures also, but he had been unable to proceed in the examination any further. The man was apparently about 30 years of age.

Dr. McPhedran exhibited a portion of oyster shell measuring an inch and a quarter in its longest diameter, sharp on its edges, which had been swallowed by a patient of his on Monday. The shell stuck in the lower part of the pharynx. It could not be felt with the finger; a probang was passed down and the object pushed into the stomach. It was passed per anum to-day. The patient on going to stool felt something which he could not force out, and so passed his finger into the rectum and easily hooked it out without causing any pain.

Dr. Oldright mentioned a case in which a plate, containing some false teeth, had been swallowed.



and he had directed plasterers hairs in thick porridge to be eaten ; in a few days the plate passed well wrapped around with the hair.

Dr. Palmer said that he would have had great hesitation in passing a probang down the throat in a case in which the object swallowed might be supposed to have cutting edges. He should prefer to make the extraction upwards with forceps, and he thought that in addition to the danger of lacerating the œsophagus, danger was to be apprehended of the anus being fissured.

Dr. Graham reported the case of a young man whom he had seen about a week before his admission to the hospital with some inflammation of the throat with great pain and hardness, although accompanied by no serious symptoms. He entered the hospital on Saturday, and on Sunday fluctuation could be made out and one soft spot could be felt, although the pus was evidently very deep. As he seemed in every way so much easier and better, the opening was deferred until the next day. But before noon on Monday he was dead. The abscess had opened into the trachea causing suffocation. In the future Dr. Graham said that his prognosis would in similar cases be more guarded and he would open early.

Dr. Cameron remarked that Dr. Marshall in a paper on Angina Ludovici, which appeared in the *Lancet*, advised the early opening of deep cervical abscesses in the median line. If the pus came to the surface at other points, he let it out there, but also found that it was sure to require opening in the median line subsequently, as the pus drained down the fascial planes which were attached to the hyoid bone. Even if no pus appeared at the opening thus made, by carefully inserting a pair of forceps or a director he worked his way between the tissue until it was reached and free exit given to it.

Dr. Oldright stated that a case of vesico-intestinal fistula, which had been reported to the society some time ago, in which gas and tomato seeds had been passed per urethram, had terminated about two months ago by death. The post-mortem revealed a cancerous tumour of the rectum implicating the bladder. A fœcal fistula had previously formed in the left inguinal region.

Dr. Macdonald exhibited a calculus which he had extracted from a man aged 53, who had come to him in January last complaining of symptoms of stricture and cystitis. The presence of the calcu-

lus was first detected in May. Attempts were made to crush it, but did not succeed. The lateral operation was then performed. Three days after the operation profuse hemorrhage set in, the wound was plugged. Symptoms of collapse came on and the patient appeared sinking. Two injections of 3ss. sulph. ether were made hypodermically ; reaction set in almost immediately. Both injections were followed by rather large abscesses.

Dr. Reeve read a paper on "Diseases of the Naso-pharynx, Tympanum and Mastoid cells." After giving a minute description of the parts he showed how the middle ear from its anatomical relations and nervous connections was liable to suffer from diseases affecting the pharynx and nasal cavity. He dwelt at some length upon chronic coryza or naso-pharyngeal catarrh, deprecated the neglect which the colds and sore-throats of children received, stating that many of the bad cases of catarrh and deafness in after life primarily arose from this neglect. He then proceeded to speak of the various growths which may appear in the naso-pharynx, showing specimens of polypi which he had extracted. He said that polypi were as a rule light coloured and not red, he advised the douche not to be used in cases where both nostrils were not free. He considered the wire snare the best for the extraction of polypi, but at times by grasping the growths with curved vulsella forceps, by traction and torsion he succeeded where the snare was impracticable. He apologized for the unfinished character of his paper and asked leave to complete it at some future meeting. The meeting then adjourned.

#### MICHIGAN STATE BOARD OF HEALTH.

(Reported for the LANCET).

The regular quarterly meeting of this Board was held in Lansing, on the 12th ult. All the members were present.

Dr. Kellogg completed his paper on contamination of water by decaying wood, and mentioned in that connection some observations of his in regard to ice being contaminated by decaying sawdust and other impurities. He showed the fallacy of the popular belief that ice freezes pure, and said that it incloses all organic impurities that float. He described a water-cooler which was designed to avoid contamination of the water by the ice, as

would happen if the ice were placed directly in the water. A cylinder containing ice was placed in the centre of the cooler, allowing the water to come in contact with this cold cylinder without touching the ice. He also reported progress in studies relative to the work of the new committee to which he was appointed,—“The Relations of Preventable Sickness to Taxation.”

Dr. Baker made a report of the work in the Secretary's office. He stated in reference to the proposed regulation of medical practice, that he had prepared a paper and a form for a Bill. He submitted an outline of it to the Board. He had done this partly because he feared the State Board of Health would be made the examining board, and its usefulness for other important work impaired. The following resolutions were adopted by the Board:—

*Resolved*,—That there should be required of all who are to begin the practice of medicine in this State, an examination as to their qualifications.

*Resolve 2*,—That such examinations by the State should be restricted to questions in demonstrable knowledge as distinguished from questions of mere opinion.

*Resolved*,—That, as a public health measure, a committee, consisting of Drs. Lyster and Baker and Rev. Dr. Jacokes, be appointed to prepare and report at the next meeting of the Board, a plan for furthering the objects stated in the preceding resolutions.

The annual report of the Secretary showed that the total expenditure of the Board for the fiscal year was \$3,650. The Secretary reported that Dr. M. Veenboer, of Grand Rapids, and Henry B. Baker, M.D., of Lansing, the applicants for examination in Sanitary Science by this Board, July 14, both passed the examination, and the Board had since voted to grant them certificates.

It was voted to hold two Sanitary Conventions, for the reading of papers, discussion of sanitary topics, and the exhibition of sanitary appliances, during the coming winter, and a committee was appointed to make arrangements for the Conventions. Prof. Strong said the Convention at Grand Rapids last winter had greatly stimulated public health work in that city.

The Secretary was directed to investigate the hog cholera now prevailing in the southwestern part of the State, and find if possible any relation

between that and any sickness in the human species.

Dr. Baker presented specimens of pine infected with a fungus which had completely destroyed the floors of several rooms, constructed of that wood, in a new building. The fungus seemed to grow most where the floor was covered, as with oil-cloth or by boxes resting on the floor; and in one room the decayed floor corresponded with the portion not exposed to light, though that case may be explained by a greater amount of moisture in that part of the room, because of dampness underneath. The odor in the room was that mouldy or musty odor not infrequently met with in close rooms. It caused frontal headache, and a person engaged in repairing the floor had spells of sneezing on two occasions, some months apart, while thus employed.

Dr. Henry B. Baker was appointed a delegate to the meeting of the American Public Health Association, at New Orleans, in December.

The next regular meeting of the Board will be in January, 1881.

## CANADA MEDICAL ASSOCIATION.

### REPORT OF THE COMMITTEE ON NECROLOGY.\*

GENTLEMEN:—With the annually recurring meeting and festivities of this association it becomes our duty to pay our respects to the departed brethren in the profession, by an annual roll-call of the honored dead. Some of the members who joined us in our meeting in London last year have since been called to their fathers, and it may be that some who meet together to-day in such health and buoyancy of spirits, meet for the last time on earth. These are solemn warnings which we do well occasionally to recall to mind. We are continually reminded that life is short, and the thread soon runs out. The span of our earthly existence at best is narrow, and we know not how soon it may be crossed. The destroying angel has been busy among our ranks since last we met together. Our list contains *thirty* names, but there are no doubt many more whose names have not been handed in. Among those we have, are to be found both *young* and *old*, but those of middle life are most numerous. A few have lived to a green old age, and, ripe in experience and full of

\*In the absence of the Chairman the report was prepared by Dr. Fulton a member of the Committee.



honors, have gone done to the grave lamented. Some have been cut off ere they had yet entered the threshold of professional life, but by far the greater number have been taken away in the prime of life, in the vigor of manhood, and in the midst of active professional duties. The list is as follows :—

Dr. R. W. W. Carroll, Barkery, B.C.  
 Dr. E. L. Hopkins, Hamilton.  
 Dr. J. Garvey, Ottawa.  
 Dr. W. A. Doupe, Zurich.  
 Dr. O. Rupert, Maple.  
 Dr. J. Clarke, Pugwash, N.S.  
 Dr. James Bovell, Toronto.  
 Dr. J. R. Ash, Centreville.  
 Dr. A. Higinbotham, Belleville.  
 Dr. R. N. Burnham, Port Hope.  
 Dr. Chas. F. A. Locke, Hamilton.  
 Dr. J. R. Phillips, Galt.  
 Dr. R. S. Campbell, Dartmouth, N.S.  
 Dr. J. Demers, St. Jean, Que.  
 Dr. C. B. Hall, Toronto.  
 Dr. J. Struthers, Kentville, N.S.  
 Dr. S. G. Rutherford, Newry, Ont.  
 Dr. J. Cook, Sault St Marie.  
 Dr. J. McGrath, Bothwell.  
 Dr. J. Turquand, Woodstock, Ont.  
 Dr. W. R. Rose, Newcastle.  
 Dr. W. J. Gracey, Comber, Ont.  
 Dr. Herriman, Port Hope, Ont.  
 Dr. Thomas White, Hamilton.  
 Dr. W. N. Campbell, Wellington, Ont.  
 Dr. P. W. Smith, Digby, N.S.  
 Dr. J. M. Fowler, Burford.  
 Dr. Thos. P. Eckhardt, Unionville, Ont.  
 Dr. H. W. Rath, Toronto.  
 Dr. J. A. Wolfe, Ottawa.

Two of the above were cases of accidental poisoning, viz., Drs. Gracey and Clarke, and one a sad case of drowning, Dr. Doupe, on the ill-fated Steamer Waubuno.

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### Selected Articles.

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#### PRESERVATION OF THE MALAR BONE IN REMOVAL OF THE UPPER JAW.

BY PROF. W. H. PANCOAST, PHILADELPHIA HOSP.

The patient was a young lady, fourteen years of age, Miss Mamie Alexand. The right cheek was very much swollen, so as to nearly close the right eye. The tumor was considered to be a sarcoma, apt to return, and required a very thorough removal. The patient believed the tumor to be the result of a blow upon the cheek, from a ball, received some months past.

For the successful extirpation of the tumor, the lecturer said it would be necessary to remove the whole upper jaw. The operation is a serious one, and must be carefully performed, to avoid hemorrhage from the internal maxillary artery, or its branches. If bleeding should occur, ligate the bleeding vessels, if possible, in the wound, and it is well not to close the wound immediately, so as to avoid secondary hemorrhage. If secondary hemorrhage should occur, it is better to tie the external carotid artery in the middle triangle of the neck, than to reopen the face and give an additional shock to the patient; and even before closing the wound, if the hemorrhage cannot be successfully controlled, it may become necessary to ligate the external carotid. In the five cases of exsection of the upper jaw that Prof. Pancoast had performed, he said he had secondary hemorrhage in only one. The patient was a gentleman from Kentucky, who had violent hemorrhage from the tumor previous to the operation. The blood flowed freely from the mouth and the nose, and twice his life was in great danger. The wound was not closed for about four hours, but hemorrhage recommenced, flowing mostly from the mouth, and at midnight the lecturer was obliged to ligate the external carotid artery in the middle triangle, successfully checking the bleeding. The lecturer spoke of another case where he removed the left superior maxillary bone, for sarcoma, in a lady seven months gone with pregnancy. The tumor was growing so rapidly that he feared it would kill the patient before she came to term, yet he dreaded that the shock of an operation might produce an abortion. He induced the patient to consult Prof. Gross and Emeritus Prof. Pancoast. They also feared that an abortion might be the result of the shock, but believed the operation was justifiable. Prof. Pancoast said he performed the operation, and it was not followed by any untoward symptom. The operation was performed under ether, and the deep parts of the wound were seared with the hot iron. No uterine pains occurred, no suppositories of opium were required. The wound healed quickly and completely in ten days, when the patient was discharged from treatment and went home. The lady went her full time and was delivered of a healthy boy.

It is necessary to understand the anatomical construction, to properly comprehend the operation. In consequence of the attachments of the upper maxillary, the disarticulation of the bone has been accompanied with that of the malar bone; the chisel and hammer, or the long cutting forceps, being applied first upon the nasal process of the bone, then to the external or frontal process, and then to the thin zygomatic process of the malar, at its junction with the zygomatic process of the temporal. The bone is then cut from its fellow, dried down from the orbit, cutting with

curved scissors, or the chisel, the superior maxillary nerve, where it enters the infra-orbital canal. Prying still further, or pulling with strong forceps, the bone is separated from, or brings it a portion of the palate bone, and the exsection is finished.

Years ago, in demonstrating this anatomy, I was always struck with the solidity of the malar bone, in contrast with the other bones of the face. This is a practical anatomical point, showing the evidence of design in forming the skeleton. As the malar bone is the prominent bone, making the support of the cheek, and exposed to blows, it is necessary and well that it should be a solid bone, well buttressed to the skull. If it were spongy, it might still support the cheek, but it would be frequently liable to fracture, and also to inflammation and caries. Again, I noticed in the operation in which it was removed, that, while the superior maxillary was a mere sponge, so broken down was it, yet the malar was solid and apparently unaffected by the disease.

In my second operation for the removal of the superior maxillary bone, for cancer, I decided that my patient should have the benefit of my observations. I had a big curved needle made, fashioning it on the skull so that it would readily pass through the anterior fissure, in the floor of the orbit, and present readily in the mouth, so that the ligature it carried could pull a chain saw easily through. This is the needle I show you. With the chain saw I readily severed the articulation of the superior maxillary from the malar. It takes but a little more time to do so, and the consequent gain of less disfigurement from the operation, by retaining the malar bone, is great, and not only pleasing to the operator, but very gratifying to the patient.

The operator chose a medium-sized well balanced scalpel, two tenacula, black silk ligatures, some fine and some very strong, dissecting forceps, a good, strong pair of cutting forceps, and the curved needle armed with a ligature tied to a chain saw.

The patient was placed upright in a chair, so that the blood would flow readily out of the mouth, and not down the throat.

The knife was entered deeply, a half inch behind the external angular process of the frontal bone, and the incision swept down vertically and rapidly to the line of Stern's duct, then parallel with and above the duct, to the right ala of the nose, and then down vertically, completely through the upper lip, just in front of the angle of the mouth. The flaps were turned off the bones with careful and rapid touches of the knife, a coronary artery tied with a black silk ligature, the facial artery caught and held by a pair of arterial forceps, which were left hanging to it. The large curved needle was passed under the eyeball, on the floor of the orbit, and appeared in the buccal cavity; the chain saw

followed it in a moment; the bone was sawed through, separating the superior maxillary bone from the malar. With the large cutting forceps, the nasal process of the bone was cut through, the right incisor tooth was pulled out, and the cutting forceps applied to the roof of the mouth, cutting through the hard palate. With his left hand the operator depressed the bone, and with a pair of curved scissors cut through the superior maxillary bone, or remains of it, broken down and mixed with the cancerous mass, making the tumor.

The operation was over within five minutes.

The lecturer now cleaned out the wound, tearing away and cutting off with curved scissors masses which he deemed unhealthy. The arterial forceps was removed, and a black silk ligature was applied on the artery. No other bleeding, except a slight ooze, existed. The wound was carefully examined by the operator and Dr. Janney and Dr. Welsh, who were present.

The wound was pronounced healthy looking, and the tumor considered to be thoroughly removed, by these gentlemen. The cavity was now filled with strips of patent lint soaked in aqua Pagliara in such a way as to leave the ends easily accessible, and the wound closed temporarily. The operator stated that this line of incision was original with him, as well as his method of leaving the malar bone. He has seen them nowhere mentioned, though as there is so little new, probably some other surgeon may also have thought of them.

The operator said he preferred this line of incision, this sweeping, curved incision, as it left as little deformity as possible. The paralysis of the face would become less when the divided nerves united, and this form of incision permitted the flaps to be very accurately united. He also stated that the exercise of the superior maxillary bone, together with the malar, is said to have been first performed in France, by Gensoul, and in England, by Lizars. Gensoul's line of operation makes an upper and a lower flap, and the description is not simple. Lizars made a triangular flap, one incision extending down vertically through the nose and the upper lip. Cutting through the nostril is not necessary, and is an additional disfigurement. Ferguson made a V shaped flap. Warren, Velpeau, Professor Gross and others prefer a semilunar flap. The incision extends from near the zygomatic process of the malar, in a curvilinear direction, to the angle of the mouth. The one just performed more certainly avoids Steno's duct, and, the operator thought, injures fewer branches of the portio dura.

Some three or four hours after the clinic was over, and the patient had thoroughly reacted, the temporary dressing was removed, the flaps opened, the lint withdrawn and the wound found dry. No subsequent hemorrhage had occurred. The wound



was examined carefully, and looked healthy, clean and dry. Lint soaked in the aqua Pagliara was again gently introduced, for astringent effect and support to the flaps. These were then neatly and carefully drawn together by interrupted black silk sutures, angle to angle, curve to curve. Only three steel toilet pins were used, one at the upper angle of the wound, one at the ala of the nose, and one through the lip, the oval suture. The incision was closely and completely united, great care being taken to unite the mucous membrane of the lip neatly and accurately. Then very fine black silk sutures were applied on the inside also, the lip being everted during the sewing, and the mucous membrane of the inside as neatly united as on the outside. The operator closed the wound up thus perfectly, to favor union by first intention, as the drainage was free, by the mouth. The line of incision externally was carefully covered by patent lint, saturated with carbolized oil, retained by two broad strips of adhesive plaster. The cheek was ordered to be covered with a solution of lead water and laudanum, and the eye with a weak solution of sulphate of zinc. A hypodermic injection of one-third of a grain of sulphate of morphia was given, and the patient, in a very good condition after such a serious operation was placed in bed.

NOTE.—Two weeks after the operation the patient walked into the amphitheatre, looking well and cheerful. The sutures had all been removed. The wound was thoroughly united and there was remarkably little deformity. Some suspicious points were removed with scissors and touched with crystals of chloride of zinc.—*Med. and Surg. Reporter.*

## MEDICAL ACT FOR THE STATE OF NEW YORK.

The following act entitled "An act to regulate the licensing of physicians and surgeons," was passed May 29th, 1880.

SECTION 1. A person shall not practice physic or surgery within the state unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter authorized so to do, as prescribed by chapter seven hundred and forty six of the laws of eighteen hundred and seventy-two, or by subsequent sections of this act.

SEC. 2. Every person now lawfully engaged in the practice of physic and surgery within the state shall, on or before the first day of October, eighteen hundred and eighty, and every person hereafter duly authorised to practice physic and surgery shall, before commencing to practice, register in

the clerk's office of the county where he is practicing, or intends to commence the practice of physic and surgery, in a book to be kept by said clerk, his name, residence and place of birth, together with his authority for so practicing physic and surgery as prescribed in this act. The person so registering shall subscribe and verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of the state, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same, and by whom granted; which, if willfully false, shall subject the affiant to conviction and punishment for perjury. The county clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

SEC. 3. A person who violates either of the two preceding sections of this act, or who shall practice physic or surgery under cover of a diploma illegally obtained, shall be deemed to be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars nor more than two hundred dollars for the first offence, and for each subsequent offence by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for not less than thirty days nor more than ninety days, or both. The fine when collected shall be paid, the one-half to the person or corporation making the complaint, the other half into the county treasury.

SEC. 4. A person coming to the state from without the state, may be licensed to practice physic and surgery, or either, within the state, in the following manner: If he has a diploma conferring upon him the degree of doctor of medicine, issued by an incorporated university, medical college, or medical school without the state, he shall exhibit the same to the faculty of some incorporated medical college or medical school of this state, with satisfactory evidence of his good moral character, and such other evidence, if any, of his qualifications as a physician or surgeon, as said faculty may require. If his diploma and qualifications are approved by them, then they shall indorse said diploma, which shall make it for the purpose of his license to practice medicine and surgery within this state the same as if issued by them. The applicant shall pay to the dean of said faculty the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorize him to practise physic and surgery within the state upon his complying with the provisions of section two of this act.

SEC. 5. The degree of doctor of medicine lawfully conferred by any incorporated medical college or university in this state shall be a licence to practice physic and surgery within the state, after the person to whom it is granted shall have complied with section two of this act.

SEC. 6. Nothing in this act shall apply to com-

missioned medical officers of the United States army or navy, or of the United States marine hospital service. Nor shall it apply to any person who has practised medicine and surgery for ten years last past, and who is now pursuing the study of medicine and surgery in any legally incorporated medical college within this state, and who shall graduate from and receive a diploma within two years from the passage of this act.

SEC. 7. All acts, or parts of acts, inconsistent with the provisions of this act are hereby repealed.

PRIMARY AND SECONDARY AMPUTATION.—Prof. Richet, in a letter delivered at the Hotel-Dieu (*Union Méd.*, July 8), made the following observations on the question of primary amputation, etc.: “I think I ought to acquaint you with the reasons which determine me only very rarely to practise amputation immediately after great injuries, and only when my hand is forced. At all epochs surgeons have been divided in opinion as to which of these two procedures it is most advantageous to have recourse. As far as I am concerned, during the first third of my career I was a convinced partisan of the necessity of immediate amputation, and cannot therefore blame those who practise it at the present time with a conviction as strong as that which I then entertained. But I have gradually become converted to secondary amputation, and am now one of its most earnest defenders. The theory of immediate amputation appears, indeed at first sight, very seducing. It would seem that a patient in whom a violent injury had torn the muscles and crushed the bones could only be the gainer by substituting for this tearing and crushing a clean and regular wound—in one word a surgical wound. Unfortunately, the practical results do not agree with the theoretical view and reasoning. In the different hospitals in which I practised surgery at the beginning of my career—at the St. Antoine as well as at the St. Lewis—I found the patients on whom I had performed amputation succumbing within the forty-eight hours. Malgaigne, to whom I communicated my want of success, told me one day that he had gone through the same experience, and this it was which determined him to investigate the results of these immediate amputations. He avowed that the statistics were frightful, and that the mortality attained the figure of 86 per cent. So elevated a mortality seems of itself sufficient to prevent a surgeon following this practice; but it is of interest to seek for its reasons.

“When an individual has undergone a violent injury, his nervous system is greatly shaken by it, his pulse is depressed, and his temperature notably lowered—in a word, he is suffering from what is known as traumatic shock. Not only is the

temperature lowered, but the circulation is delayed to such a point that the soft parts should assume a violaceous color, and then become gangrenous, at least in places. Soon there supervene intramuscular tumefactions and subcutaneous emphysema, the precursor of sphacelus. There already exists in all these cases manifest disturbance in the two greatest apparatus of the economy—functional disturbance of the nervous system and of the circulatory system—and all of a sudden is added to these pre-existing disturbances the new shock of a mutilation. It is certain that a considerable moral depression, caused by the loss of a limb, is added to the physical depression; and this moral depression should be largely taken into account owing to the chances of the failure of the operation. But this is not all. It will happen—not in hospitals, in which usually but slight resistance is made to the propositions of the surgeon, but in private practice—that we meet with a refusal when we have declared that immediate amputation is necessary. What happens then? If the patient dies, it will be said that he must have died under any circumstances, and would have done so more quickly under the operation. But if he recovers—escapes, as it is called—which is not rarely the case, the surgeon and surgery will both become the objects of serious and painful blame, which is also a grievous thing. Even when the patient, as is sometimes the case, does not succumb very soon after the operation, you must still not think that he will be preserved from all consecutive danger. He will continue exposed to those purulent burrowings which so frequently follow the intramuscular sanguineous effusions. Then there are the muscular retractions and conical stump. Suppose, on the other hand, you decide for abstention, there will be necessarily a considerable number of cases prove fatal; but you may feel assured that these belong to the class of those whom immediate amputation would certainly not have proved of avail. Others, fewest in number, will traverse the first accidents with success. The nervous system recovers itself little by little, the circulation regains strength, and the temperature rises; and, as a consequence, two or three days afterwards, normal inflammatory phenomena begin to appear. Is this, then, the moment at which the amputation will have the *greatest chance* of success? Not yet. Such, at least, was the opinion of Velpeau and of Roux, with which I entirely coincide. They never operated before the fifth or sixth day, and this also is my habit of proceeding. I may finish with an anecdote which may impress this practice on your memory. Questioned one day by a *confrère*, who asked me, pointing to a patient upon whom I was delaying the operation, ‘What is your object in waiting in this case?’ ‘I am waiting,’ I replied, ‘until he asks me himself to operate; and that will not be very long, for he accustoms himself to



the idea on seeing that it is no longer possible to save the limb. The operation will then become a deliverance, instead of a sacrifice—a sacrifice on which he would now not decide without repugnance.”—*Med. Times and Gaz.*, August 21.

**REMOVAL OF THE TONGUE BY MEDIAN DIVISION OR SPLITTING.**—Mr. Morratt Baker, of London, recommends a method of removing the tongue for disease, which seems to possess some advantages. The operation is thus described in the *Lancet*, April 10, 1880: “After the introduction of a suitable gag, and the removal of any sharp or jagged teeth which might be in the way of the operator, two threads are passed through the tongue about an inch behind the tip, and half an inch on each side of the middle line. The tongue being now drawn forward and upward the frænum, and, as far as it may seem necessary, some of the muscular attachments of the tongue to the lower jaw in front, are now snipped through with strong, rather curved, scissors, and the scissors are then run along the floor of the mouth at the side, beneath the mucous membrane, as far back as may seem requisite, keeping close to the lower jaw, both for the avoidance of hæmorrhage and for the sake of being clear of the disease. The operator, now with his forefinger, clears the tongue in front and at the sides, and drawing it well forward again, and giving one thread to his assistant while he holds the other himself, he cuts steadily along the middle line of the tongue from the tip backward, and furthest along the mucous membrane. On the withdrawal of the knife, the finger is again introduced, and it will be found quite easy to complete with it the median division of the tongue, by a little tearing or splitting between the two halves. The only part which cannot be torn is the mucous membrane of the dorsum. Hence the advice just given, to divide this with the knife as far as may seem necessary for getting beyond the level of the disease. The ecraseur is now slipped over the diseased body of the tongue, the assistant turning the screw while the operator keeps the loop as far behind the disease as possible. This is, of course, one of the most important parts of the operation; any want of care at this stage being shown afterward by the narrow margin of healthy tissue, or by none at all, left attached to the diseased mass. The insertion of curved needles behind the disease, in order to ensure the division by the ecraseur of healthy tissue, is often advisable, but, for the reasons previously given, must not be considered a sufficient safeguard in the absence of free separation of the tongue’s attachments in front and at the sides.”

Mr. Baker finds this method good not only in cases of partial removal of the tongue, but of the whole organ also. The two halves are more completely under control than the tongue as a whole;

and by working with two ecraseurs simultaneously no time is lost.—(*Med. and Surg. Reporter.*)

**TREATMENT OF ABORTION.**—Dr. Parvin, writing upon the treatment of abortion states his belief that ergot is a hindrance rather than a help in securing complete evacuation of the uterus in early abortions. The tampon, however, especially if introduced into the cervical canal, assists to procure dilatation, and while restraining the loss of blood, causes what little escape of blood takes place above it to aid in separating the ovum from its attachments to the uterus. So long as the ovum is entire (and its integrity should be scrupulously preserved), we may hope for its complete expulsion, and should usually abstain from active interference. When the sac is broken, we should empty the uterus artificially, if, after removing a tampon that has been applied a few hours, the hæmorrhage is at all profuse and the ovum is not expelled at once. This should be done with the finger; and, instead of drawing the uterus down within reach of one finger, as recommended by Simpson, of Edinburgh, it is better to follow the practice of Mauriceau—introduce the hand into vagina (under anæsthesia), and use two fingers within the uterus, “as crabs do when they grip anything with one of their forked claws.” When immediate evacuation of the uterus is demanded, on account of dangerous hæmorrhage or an offensive discharge, announcing the possibility of septicæmia, there is a still better way to proceed: “Let the patient lie on her back upon a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce Naugabauer’s speculum, and bring the os fairly in view; now catch the anterior lip with a simple tenaculum, or, better, with Nott’s tenaculum-forceps, and then, if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to straighten the bent canal; at any rate, fix the uterus by the instrument. Now, take a pair of curved polypus-forceps of suitable size, or, better still, Emmet’s curette-forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument reintroduced. Repeat this three or four times if necessary. The uterus should then be swabbed out with Churchill’s tincture of iodine by means of an applicator. Finally, ten or fifteen grains of quinine should be given, and it will be very rarely indeed that convalescence will not be prompt and perfect.”—*N. Y. Medical Journal.*

**PROVINCE OF QUEBEC MEDICAL TARIFF.**—The Governors of the College of Physicians and Surgeons of Quebec, representing the medical pro-

profession have unanimously adopted the following  
Tariff of fees:—

Visits from 8 a.m. to 9 p.m., not exceeding half a mile.....	\$ 2 00
Visits from 9 p.m. to 8 a.m., not exceeding half a mile. Not to exceed.....	4 00
Each additional mile in day time 50c. at night....	1 00
Detention a whole day \$20; a whole night.....	25 00
Ordinary office consultation with prescription.....	2 00
do do do do do at night....	3 00
Consultation with special examination.....	5 00
do with a practitioner.....	5 00
do by letter between practitioners.....	10 00
Ordinary certificate of health.....	5 00
Special do attested with report.....	8 00
Certificate, with report on disease and death.....	5 00
Post-mortem examination external.....	5 00
do do with sectio cadaveris....	10 00
Ordinary case of midwifery (subsequent attendance extra).....	15 00
Turning, application of forceps, extraction of Placenta, (Subsequent attendance extra).....	30 00
Miscarriage, premature confinement (subsequent attendance extra).....	15 00
Catheterism, ordinary cases.....	3 00
do each subsequent operation.....	1 00
Vaccination, Bleeding, Extraction of teeth, Hypodermic Injection, etc., etc.....	1 00
Introduction of stomach pump.....	5 00
Application of cupping glasses, leeches, setons, moxa, plugging, etc., etc.....	5 00
Chloroformization or other anæsthetics.....	5 00
Setting fracture of the thigh.....	25 00
do do do leg or arm.....	20 00
Reducing dislocation of the thigh.....	50 00
do do do leg or arm.....	25 00
Amputation of the thigh.....	100 00
do do do leg or arm.....	50 00
Operation for strangulated hernia.....	100 00
Reduction of hernia by taxis.....	25 00
Lithotomy or lithotripsy.....	200 00
Ovariectomy.....	500 00
Tracheotomy.....	50 00
Operation for cataract.....	100 00
Extirpation of the breast.....	50 00
Do of a tonsil.....	10 00
Amputation of fingers or toes.....	10 00
Capital operations not already specified.....	100 00
Minor do do do do.....	25 00

The above charges for surgical operations are for the operation only, subsequent attendance and services are extra.

#### FOR MEDICINES AND DRUGS.

Mixtures and draughts, up to two ounces.....	15
Do do do 4 do.....	50
Do do do 8 do.....	1 00
Powders from one to six (1 to 6).....	25
Do do six to twelve (6 to 12).....	50
Pills per box of one dozen.....	50
Do for each additional dozen.....	25
Lotions, Injections, etc., etc., 4 to 16 ounces.....	50 to \$1
Blisters and plasters, according to size.....	50 to \$1
Ointments per ounce box.....	25 to 50c.

When costly drugs and medicines are used the charge to be augmented according to value.

CÆSAREAN SECTION WITH EXTIRPATION OF UTERUS, AS PERFORMED BY PROF. CARL V. BRAUN OF VIENNA.—The operation after Porro's method is

performed in a well ventilated room, which has been previously cleansed and disinfected, and in which after heating to 22° (C.) the carbolized spray is worked, and continued during the entire operation. The abdomen, and genitalia are then washed with carbolized water, after which the incision is made in the Linea Alba, extending from 2 Ctm. above the symphysis to four or five above navel, passing to left of same. The incision is carried as far as the peritoneum, then, with a pair of forceps, this is raised and snipped, from which point it is slit upwards and downwards. During the cutting, carbolized sponges are kept on edges of wound to absorb all blood. The middle of the body of the uterus is now brought into the opening; and while the assistants press the edges of the wound firmly against the uterus, it is opened and the child extracted by the feet. By the force exerted in extracting the child, with the pressure of the assistants, the contracting uterus is drawn through the wound; so soon as this is done, an ecraseur—(Billroth's) is passed around the cervix and tightened, to check further bleeding. After placing sponges behind the uterus it is amputated with a knife about 2 Ctm. above the chain.

After removing all blood and water from Douglas cul-de-sac, and the vesico-uterine excavation, the wound is closed with deep and superficial stitches, the former including the peritoneum. During the sewing, sponges are placed on the intestines to absorb any blood that may come from this part of the operation, and drainage tubes are introduced before and behind the stump. A strong needle is now passed through the stump above the chain, and all superfluous tissue cut away. After all blood is washed off, and the body dried, the dressings are applied. On the stump is placed a small sac containing a mixture of gypsum and tar (Gypstheer) to hasten the shrinking and absorb all exudation, over this carbolized gauze is laid, and then the wound is dressed with carbolized gauze, after which the whole abdomen is covered with a binder consisting of eight layers of spermacetic gauze, and one layer of McIntosh. Every little hole is now stuffed with salicylic jute and finally over all a linen binder is secured comparatively tight, in order to facilitate the flow of exudation through the drainage tube. In an hour after the operation the dressings are examined, and if wet through, they are changed. In about fifteen days the needle and chain are removed, and after the burnt parts are trimmed off, the stump is dressed with carbolized glycerine, under which treatment it generally heals rapidly, and gradually sinks into the abdomen.—*Southern Practitioner.*

SLIGHT LACERATION OF THE PERINEUM.—We subscribe to the views of Dr. Lyman as to the importance of inspecting the perineum immediately



after delivery, and add that the husband should be advised of the exact condition of the perineum; in this way the force of the nurse's meddlesomeness will be greatly lessened when she tells her patient the following day how fearfully she is torn. The question of immediate closure should be decided for each case. We would not subject the woman to the pain incident to sewing up a tear which involved no more than the anterior half inch of the perineal body; believing that the irrigation twice daily of the vagina with chlorinated soda water will almost surely be followed by a rapid closure of such a tear and with no bad results. A deeper tear than this we would attempt to close immediately, although once in four times no union has resulted in the experience of the writer, and a secondary operation was required. Let no one deceive himself and patient, however, with the notion that the parts are so benumbed that the stitching will be almost painless. The result of experience is greatly at variance with this statement. The recently delivered woman who has suffered a laceration, of even slight degree, can hardly endure the contact of the examiner's finger; she wants to be let alone, and is in no frame of mind or condition of body to have her discomfort increased by the introduction of sutures. Let the attendant look at this matter boldly and ask himself the question: Has this woman sufficient fortitude to endure the operation? If so, proceed at once; but we believe such instances rare. Usually we administer ether to the surgical degree and proceed in the operation with all the moderation desirable. The vaginal irrigations should be kept up and the silver sutures removed on the tenth day. The most important part of the whole question of laceration of the perineum relates to prevention of the accident. We believe that, under skilful management, the perineum in many cases may be protected from injury.—*Chicago Med. Gazette.*

THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA.—Mr. Barnard Holt writes to the British Medical Journal: Absence from England prevented my attending the meeting of the British Medical Association at Cambridge, or I should have availed myself of the opportunity of taking part in the discussion of Sir Henry Thompson's paper on Stricture, and could have given such testimony in favor of the immediate treatment as would have satisfied the most skeptical of the value of the operation and of its security and success. I never have replied to Mr. Teevan's criticisms, and I never intend to do so, simply from the fact that his experience of the operation being limited (as he informed me in a letter some time since) to four cases, I consider he is incompetent to form an opinion as to the value of the operation or its results. Mr. Wood, however, is reported to have

stated that he had seen several fatal cases; and I therefore, on my return to London, wrote to that gentleman, asking for the number and particulars of the cases he alluded to. Mr. Wood, in his reply, informed me that the deaths, two in number, occurred in the practice of his colleagues at King's College Hospital, and, so far as he could remember, they were both operated upon by the late Mr. Partridge. Of one, Mr. Wood could not recollect any particulars, but in the other he remembers that the patient was the subject of albuminous urine, and correctly adds, "This, of course, was hardly a proper case for any operation of the kind." I therefore venture to affirm that, considering the large number of operations that have been and continue to be performed by surgeons at home and abroad, the fact of only two deaths having occurred, one in a patient who should never have been operated upon, speaks volumes in favor of the immediate plan and its eminently satisfactory results. In conclusion, I may add that I am as strongly in favor of the operation as I ever was, and that I have this day operated with the most perfect success on an unpromising and difficult case. At the same time I warn those practitioners who are deficient in the manipulative skill required for the passage of the dilator to refrain from using an instrument with which they are practically unacquainted.

TO DISGUISE COD-LIVER OIL.—Dr. Peuteves, in the *France Médicale*, recommends, in order to render cod-liver oil tasteless, to mix a tablespoonful of it intimately with the yolk of an egg, add a few drops of essence of peppermint, and half a tumbler of sugared water, so as to obtain a *lait du poule* (Med. Press and Circular). By this means the taste and characteristic odor of the oil are entirely covered, and the patients take it without the slightest repugnance. Besides the oil being thus rendered miscible, as the water in all its proportions is in as complete state of emulsion as the fats at the moment they penetrate the chyle-vessels, consequently absorption is better assured.

SUBCUTANEOUS INJECTION OF ETHER IN SCIATICA.—Dr. Comegys, in *L'Union Médicale*, August 5th, 1880, recommends hypodermic injection of sulphuric ether for the treatment of sciatica. He cites two cases, one in detail, which he has cured by this plan. Three drops of ether are injected at intervals of twelve hours. The injection need not be a deep one; and though it causes a momentary sharp pain, it does not bring on any consecutive unpleasant effects. Dr. Comegys is inclined to think that the same injection might be successful in the case of tic-doloureux, for which Dr. Marino recommends hypodermic injection of ergotine.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

**Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.**

AGENTS.—DAWSON BROS., Montreal; J. & A. McMillan, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, DEC. 1, 1880.

## "IS THE PRACTICE OF MEDICINE A LUCRATIVE BUSINESS?"

Under the above caption we find in the *Revista Medico Quirurgica*, of Buenos Aires, copied from a Central American contemporary, the following rather sensible observations, which will, we should reasonably hope, be perused with some profit by the readers of the LANCET.

"In consideration of this subject we offer some facts which we believe are appropriate to the question, and which we trust will operate as a stimulus to those of our profession who give too little attention to the collection of their accounts, but may do well to turn a new leaf, and gather in their *honoraria* promptly. There can be no reason why the account presented by a medical man should remain unpaid longer than that of the grocer, the butcher, or the general store-keeper, and these in general are not allowed to run more than thirty days. A physician works 365 days in the year, and, on the average, he adds to this fifty nights. In other words, he labors a time equal to 415 days, or about one-third more than any business man, or any lawyer. He loses, at a medium calculation, three meals per week, or 150 in the year; hence it results that with six-sevenths of the aliment, and six-sevenths of the sleep enjoyed by persons in other occupations of life, he has 100 days more work to go through in the year. Is it any wonder then that the medical practitioner is shorter-lived than other men, and that he dies generally fifteen or twenty years earlier than the merchant?

Let us make a mercantile estimate of the mat-

ter. A physician who, on the average, earns from \$2,000 to \$3,000 a year, performs an additional work in charity equal to \$1,000 to \$2,000 more, of which he makes no entry whatever in his books. Then we have to take into account that of the \$2,000 to \$3,000 earned by him, at least a fourth part is never paid—say an average loss of \$600. A similar loss would put the merchant into bad humor much of his time; and it is a fact that if any one is in want, the first person of whom he asks aid is the doctor, who generally opens his purse to the necessitous.

In order to formulate the problem clearly we put the figures thus:—Work in charity, \$1,200; loss in collection of \$3,000, \$600; loss of sleep (nights), 50; loss of aliment (meals), 150; time of labor, including nights, 415 days; receipts \$2,400. Out of this residue he has to pay the usual expenses of living, which are certainly not trivial; he has to buy instruments and books, and to pay out for periodicals from \$10 to \$50, and over and above he has to be one of the best contributors to all sorts of works of beneficence.

With the man of business, taking the same average of matters, the account would stand thus: Work in charity, none; loss on \$3,000 income,  $2\frac{1}{2}\%$  \$90; loss of sleep (nights), 10; loss of aliment (meals), 25; time of work, including nights, 320 days; receipts \$2,910.

The cost of living and the donations in charity of the business man we put as equal to those of the medical man. The current expenses of the store will not exceed the outlay of the physician on books, instruments, periodicals and office rent. Here we see a profit to the man in business of \$510 over that of the medical man, and setting down 125 meals as equivalent to 5 days' work, he labors 100 days less than the doctor. We assume the capital of both to be equal, but the risk of life we know to be twice as great for the latter."

As it is probable there are some persons in Canada as forgetful of doctors' accounts as in Central America, we commend the above lines to our friends.

## LISTER'S METHOD IN SURGERY.

Lister's method of treating wounds has now been before the profession for several years, and may be said to have received a fair trial; but as far as facts



and figures can be taken as a guide to the value of any new method of treatment it has not met with that success which was claimed for it. No doubt the advocates of Listerism will insist that the method has not been carried out in all its integrity in the unsuccessful cases, and while this may be true in some instances, it is undoubtedly a fact also, that any system which is so difficult of execution that only a few dexterous surgeons can properly apply it, must be practically useless. The followers of Lister even go so far sometimes, as to charge those who put his system into practice, according to the best of their ability, but without the abiding faith of a true disciple, as using it while they abuse it. This was the charge levelled against Mr. Lawson Tait, of Birmingham, by Mr. Knowsley Thornton, of London, in a recent discussion on the Listerian method in ovariectomy. Mr. Tait claims to have had an average of but two deaths in sixty ovariectomies performed without the carbolic acid spray, and declares that the recent reduction of the death rate in this operation is largely, if not entirely, due to the introduction of Mr. Keith's intra-peritoneal method. In an editorial on this subject in the *Louisville Med. News*. The writer says: "The majority of the profession throughout the world follows Lister; but we believe the majority of the profession in this instance, as in many others which medical history records, is wrong. In republics the power is with the majority; but scarcely more in science than in religion and politics do truth and right necessarily dwell with the largest number. The majority in medicine once bled all fever-patients with as little compunction as the maple-sugar makers tap their trees in the spring, and with equal confidence in the wisdom of the procedure. The majority in medicine used to regard salivation about as necessary to corporal salvation in serious sickness as the clergy tell us that "conviction and forgiveness of sin" are to the soul's eternal safety. If numbers prove a truth, then the Crusades were wise, Mohammedanism is right, and the opponents of Listerism are constructive homicides. Listerism is founded on the germ-theory, and this is based on the microscope and the imagination. The existence of the germs is beyond cavil. They may be found in earth, air, and water, in tissues healthy and diseased, in bodies living and dead; but that they are noxious is very far from being proved.

Medical dogmas as plausible and as popular as Listerism have flourished and perished in the past, and we have little doubt that before the close of this century Listerites will be as rare as white crows, if not like the dodo, utterly extinct; and when discovered they will be looked on as a curious specimen of the nineteenth century's medical credulity." After Lister's visit to the United States in 1876, his practice was adopted in many of the hospitals in the large cities, but we are told by the *N. Y. Medical Record* that it is rapidly dying out. We have no doubt that Lister and his followers are perfectly honest in their convictions, and are doing what they conceive to be their duty in promulgating their views, and there can be no question also, that those who oppose both the theory on which the method is based, and the practice which it inculcates, are equally conscientious.

#### TRINITY MEDICAL COLLEGE ANNUAL DINNER.

The Fourth Annual Dinner of the above school was held at the Rossin House on the evening of the 26th ult., and was a grand success. Upwards of 150 persons sat down at the tables. Among the guests were: The Chancellor of the University of Trinity College Hon. Senator G. W. Allan; Prof. Goldwin Smith; Profs. Pernet and Pike, Toronto University; Revs. Principal Caven, Rainsford, Langtry, and H. M. Parsons; His Worship Mayor Beaty; Lieut.-Col. Otter; Drs. Allison, Burns, Clarke, Thorburn, C. & G. O'Reilly, A. H. Wright, W. H. Ellis, Starke, Spencer, A. J. Geikie; The Dean and Professors of Trinity Medical College; Messrs. Lauder, M.P.P., Vankoughnet, Manley, Gillespie, Hughes, W. S. Lee, and others. The Chairman and first and second Vice-Chairmen, respectively, were Messrs. J. Baugh, Frank Krauss, and E. B. O'Reilly. Letters of regret at unavoidable absence were read from his Excellency the Governor-General, the Lieutenant-Governor, the Bishop of Toronto, Very Rev. Dean Grasett, Sir John A. Macdonald, Hon. Edward Blake, and others.

The dinner was served in perfect style, the general effect being magnificent,—the best ever laid in the city, high though the compliment is. A bust of Hippocrates, set upon a pedestal, presided

over the central table, and was supported at intervals elsewhere by carefully-prepared centre-pieces and emblems of medical science, valuable both from artistic and edible considerations.

The Chairman in a few well-chosen words, welcomed the guests of the evening, dwelling upon the benefits likely to result from such social reunions between students and men eminent in every line in life. He pointed out that the life of the medical student was not, as was popularly supposed, a round of theatre-going, parties, and churches (laughter), but was as hard-worked a one as that of any young man, and, indeed, as a rule, far more severe in its demands. He referred to the standing of Trinity School and the cordial feeling now existing between it and its rivals, and concluded by speaking of the honorable history of the profession, its broad character, and the magnificent field open to those devoting their lives to it. He then gave the loyal toast, and "God save the Queen" was sung standing.

The "Governor-General" and "Lieutenant-Governor" were honored in succession.

After a song from Prof. Pernet, the Chairman gave the "Army and Navy," to which Lieut.-Col. Otter patriotically responded.

"The Dominion and Provincial Legislatures" followed.

Mr. Lauder, M.P.P., said that it was only appropriate that the Provincial Legislature, of which he had the honor to be a member, should be honored by such a gathering, for it had done its best to advance the interests of education. It was not very long ago since that Legislature had given a corporate existence to the school whose guest he and so many others were that night. At that time there was considerable bickering going on, and it was with the deepest pleasure that he had heard to-night, from the lips of the Chairman, of the cordial feeling existing between the medical schools.

The Hon. G. W. Allan responded on behalf of the Dominion Parliament. He said the Dominion Legislature had its own claim for regard in the rigor and efficiency with which it guarded the interests confided to its care. Among its members, in both Houses, were medical men eminent in every way, and holding positions secondary to none.

The Chairman then gave "The mayor and Corporation," remarking that the medical student's duty was not only to be civil to the civil authorities, but to be grateful to them in many ways.

Mayor Beaty responded in a humorous speech. He also said there was an important connection between the theory, at all events, of the medical profession, and that of municipal government, and he confessed his belief that not only did the Parliament of Canada and the Legislature of Ontario

but also the city governments of the Province, neglect matters in connection with the health of the public, which was, he believed, the first consideration for all public bodies. He thought there was great neglect on the part of these legislative bodies in not making the necessary and proper provision, and seeking to call in the aid of medical skill to keep the people informed in reference to those sanitary measures which ought to be indicated as far as possible by public opinion. He advocated the establishment of bureaus for the collection of vital statistics relating to all matters pertaining to the general health of the country, and until these matters were attended to public health might not be what it ought to be."

Mr. Krauss, the first Vice-Chairman, in a most able speech proposed the toast of "The Universities," with which we are affiliated and Sister Institutions.

The Chancellor, Hon. G. W. Allan, said that there was nothing Canadians had a right to be more proud of than their educational advantages. As to Trinity school in particular, he congratulated it upon the increasing number sent up from it year by year to the universities. The profession was a noble one. There was no class in the world which had a greater power for good than the medical profession. He might, therefore, hope not only that medical men might perfect themselves in their own chosen calling, but also make themselves men of wide general culture, as were the majority of their co-workers in England, of which Sir Henry Holland was a shining example.

Prof. Pike in responding said that while everything was satisfactory in Canada as regarded educational facilities there was certainly a lack of that attention to athletics which marked the old country universities.

Dr. Thorburn also responded, and referred to the cordial feeling existing between the schools.

The first Vice-Chairman then proposed the toast of the evening, "Trinity Medical School, its Graduates and Undergraduates."

Dr. Geikie, Dean of the Faculty, in replying to the toast, expressed his great satisfaction at being present on the occasion. The faculty were glad thus to meet the guests who had honored with their presence the students, as well as many old graduates of the school and their friends. "It is," he continued, "a very great pleasure to have with us to-night a very considerable number of our old graduates who have lately returned from the Mother Country, bringing back with them laurels won in her time-honored institutions. It is a matter of great satisfaction to us all to know that the school is not only steadily but rapidly making progress, not alone in numbers, but in the hold it has on the confidence of the profession, and of the public through the country. After working hard for years to earn the confidence now shown



in our institution, it would be idle to disguise the pleasure which this affords us. We shall go on working no less assiduously in the future than in the past, endeavoring to leave nothing undone to give our students a sound and thorough medical professional training, and thus at once benefit the public and advance the interest of medical science. For these ends we will spare no pains, and shrink from no expense, deeming our labors rewarded and our money well spent, if we can send out year by year a class of candidates who become successful practitioners, and thus do credit alike to themselves, and to the school in which they were taught. It is one of our greatest aims to utilize the hospital as far as possible for the benefit of the students, and here I gladly say, that to all the public teaching in that institution, and there is a very great deal of it, every student of medicine in Toronto who takes the hospital ticket has free access. This is no more than fair, yet it gives Toronto a position as a city where a practical knowledge of medicine and surgery may be obtained not inferior to any city in the Dominion, and perhaps hardly equalled throughout its length and breadth. As regards our position, too, in relation to the Medical Council, we are gratified in knowing that our efforts to endeavor by every means in our power to make the Council popular with the profession, and with students, have been to a very considerable extent, crowned with success. Our wish has always been to see everything removed which was calculated to give offence to, and thus alienate it from, those on whose approval it has to depend for its continued existence, for while some speak and act as if a body once incorporated by Act of Parliament can do just what it pleases, no matter how obnoxious to many, or obviously unjust its doings may be, such a doctrine cannot be long carried out in Canada, and it is fortunate that it cannot. The new and excellent blood infused into the Council at the recent election has done wonders already, and will soon, it is hoped, leave nothing to be desired."

Dr. Stark of Hamilton, and Messrs. Ferguson and Kennedy also responded ably to the toast. Mr. Ferguson alluded to the fact that there were students in the class from all parts of the Dominion from Nova Scotia to Manitoba, and also from the United States. The toast of the "Learned Professions" was next proposed.

Mr. Goldwin Smith in response thanked his hosts for a very good dinner and a very pleasant evening. After a momentary reference to the friendly rivalry between the Toronto and Trinity schools, he continued that the only "learned profession" to which he could lay claim was that of a student. To medicine he could offer only the homage of a citizen and a man. In the past her calling had been to cure disease; in the future it might be to prevent it. We should look in the

future to her for direction and guidance in every walk of life. Mr. Smith referred subsequently to friendships of his own with medical men, men who were in the best and truest sense religious and noble ones.

The Rev. Mr. Rainsford also responded and dwelt upon the advantages of physical culture, and general education.

"The College of Physicians and surgeons" was replied to by Drs. Allison and Burns.

"The Toronto General Hospital" was honored by Dr. O'Reilly and Mr. Gillespie, after which a quartette, "Bright sparkles in the Church Yard," was given by Messrs. Fairchild, Gaviller, Jenner, and Handbridge, who sang repeatedly during the evening. Dr. A. J. Geikie presided at the piano with his usual ability.

"The Ladies" and "The Press" brought the gathering to a close, and at an early hour closed one of the most successful re-unions of the year.

NOTE.—We have given considerable space this month to reports of the annual dinners of the Medical Schools of Toronto, inasmuch as these medical reunions are now looked forward to by the profession and others in Toronto as the events of the season.

#### ANNUAL DINNER TORONTO SCHOOL OF MEDICINE.

The Seventh Annual Dinner of the Toronto School of Medicine was held in the Rossin House, Toronto, on the 11th ult. Mr. A. C. Jones occupied the Chair and Messrs. Duncan and Sweetman the first and second Vice-Chairs respectively. Among those present besides the members of the Faculty were the Mayor, Hon. Justice Cameron, Rev. Principal Caven, Prof. Goldwin Smith, Prof. Pernet, Rev. Dr. Sutherland, Rev. Dr. Castle, Principal Cockburn, Drs. Allison, D. Clarke, Winstanley, Ross, Canniff, O'Reilly, Temple, Burns, O'Neil, McPhedran, Griffin, R. A. Pyne, G. B. Smith, J. Anderson, Messrs. A. McMurchy, P. Hughes, Manly. The chairman welcomed the company on behalf of the school. The list of toasts was as follows: "The Queen," "the Governor General and Lieut. Governor," "The Parliaments of Canada and Ontario." Dr. Anderson, of Hamilton, gave a recitation entitled "A Maiden Speech in Parliament," which was well received.

The toast of "The Mayor and Corporation" was responded to by Mayor Beatty. He said,

referring to sanitary matters and the Committee on Health in Toronto, he thought there should be a city physician attached to that Committee. While on this subject he wished to publicly acknowledge the generous assistance which the authorities had always received from the doctors, and which was rendered gratuitously and cheerfully. After a humorous allusion to the quality of the water, which he noticed the medical men there considered good enough to drink without even a "stick" in it—(laughter)—he concluded by expressing the hope that the city would continue in the condition described by physicians as "alarmingly healthy" whatever that meant.

The toast of the "Universities and Colleges" was next given.

Prof. Goldwin Smith said it was always pleasant to one connected with the old seats of learning to recognize the bond which united them to the learned professions. The University of Oxford which he represented was unfortunately divorced from the medical profession. For one he would be very anxious to restore that lost connection by providing a good preliminary training for medical men at Oxford. Culture could not make physicians. It could not give sagacity to detect disease, nor nerve, skill, and coolness in performing a difficult operation, but it could give elevation and dignity and scientific tone to the profession. It was noticed when the Bench in England was occupied by those who came straight from lawyer's offices, and not from Universities, that technical skill did not decline, but jurisprudence did. He cordially wished prosperity to the Medical Schools of Toronto; may their graduates often carry hope, comfort, and healing to the bed of sickness, and see the flickering flame of life revive. May they reap a harvest of golden fees, and gratitude which was better than gold. May they be worthy of their noble profession, and earn the blessings bestowed upon them by a suffering humanity.

Rev. Principal Caven also replied in a happy speech in the course of which he said he was not one of those theologians who feared science. If any dogma of theology was unable to bear comparison with other departments of truth, it would be doomed and would perish.

Rev. Dr. Sutherland also responded and Prof. Pernet favored the company with a song.

The toast of the "Learned Professions" was replied to by Mr. Justice Cameron in a humorous speech, Dr. Canniff responding for the medical and Rev. Dr. Castle for the clerical profession. Mr. Manley also responded.

Drs. Allison, Burns, and Clark acknowledged the toast of "the Medical Council," and Drs. Aikins and Richardson that of the "Toronto School of Medicine," Dr. Temple that of the "Sister Institutions," Dr. O'Reilly and Mr.

Hughes that of "the General Hospital," and Dr. Anderson that of "the Graduates."

"The Graduating Class" was responded to by Mr. Sweetnam.

The "Freshmen," "Ladies" and the Press were suitably responded to. Several songs were sung by the students during the evening, and Donato's string band supplied music.

ROGERS' GROUPS OF STATUARY.—We give here-with a cut of what we consider one of Rogers' best productions in this style of art. It is beautifully conceived and executed in his very best style of workmanship. Any of his groups would make a most appropriate Xmas or wedding present, and could not fail to be highly prized as "a thing of



Height, 23 inches; length of base, 19½ inches—Price, \$20.

beauty and a joy forever." The cut represents the trial scene from Shakespeare's play of the "Merchant of Venice." The stairs are supposed to lead to the seat of the Duke, who presides over the court, but is not represented in this group. Portia, disguised as a lawyer, has come to assist the Duke with her legal knowledge. She has the bond in her hand which Antonia had given, and by which he agreed that Shylock should have a pound of his flesh if he did not repay the money he had borrowed. He has failed to return it, and Portia has declared that the penalty is due. Antonio is therefore dropping off his cloak and opening his dress, as the flesh is to be cut from "nearest his heart." Bassanio, his friend, stands by him with a bag of gold in his hand, with which he has offered



to pay the bond, but Shylock has refused it. Portia is urging Shylock to have a surgeon by to check the blood, and he exclaims, "Is it so nominated in the bond?" Catalogues will be sent giving the prices of groups, which vary from \$10 to \$20, by addressing, John Rogers, 23 Union Square, New York.

**HAMILTON MEDICAL ASSOCIATION.**—A special meeting of this association was recently held for the purpose of considering the proposition to establish an Ontario Medical Association. Dr. Mullin was called to the chair and read a letter which had been received from the secretary of the Toronto committee, expressing an opinion favorable to the formation of such an association. After some discussion it was moved by Dr. Mullin, and seconded by Dr. Griffin, "That it is desirable that an Ontario Medical Association be formed, holding its meetings at such places and times as shall not interfere with the meeting of the Canada Medical Association; that it holds its meetings in localities successively; that delegates be appointed by this society to meet those of other societies for the purpose of making arrangements for constituting a Medical Association; and that Drs. Macdonald, Rosebrugh, MacKelcan, Wolverton and Kittson be the delegates.—Carried."

**BANNING TRUSS AND BRACE CO.**—This old established company is so well known in the United States and Canada, that any lengthy notice of their manufactures is almost unnecessary. We cannot, however, speak too strongly in reference to the great value of their spinal supports, and appliances for the correction of all kinds of deformities. They are light, easily borne by the patient, and what is of far more consequence, thoroughly efficacious. Whatever benefit may be derived from the plaster of Paris jacket, there are always cases in which it cannot be worn; or borne by the patient, and in all such cases the Banning support will be found to meet the indications in the most satisfactory manner. Those having troublesome cases would do well to correspond with the manufacturer.

**EXPLANATION.**—Dr Joseph Morrison, of Walkerton, writes to us complaining of the publication of his name as one of the bearers of a Philadelphia

"bogus Diploma." The Dr. attended the University of Medicine and Surgery, Philadelphia, long before that institution fell into the hands of swindlers. At that time, and for several years afterwards, this College was among those American institutions recognized by Canadian Schools and Universities, and also by the Medical Council of Ontario. He cannot, therefore, be held in any way responsible for the disrepute into which it has since fallen. Besides, he subsequently passed an examination and obtained the degree of M.D. in the Toronto University.

**ELGIN MEDICAL ASSOCIATION.**—A meeting of the members of the medical profession in the County of Elgin was held at St. Thomas on the 29th Dec., when the following were elected officers:

*President*, Dr. F. B. Going, St. Thomas; *Vice-President*, Dr. Williams, Aylmer; *Secretary*, Dr. R. W. Bruce Smith, St. Thomas; *Treasurer*, Dr. Vanbuskirk, St. Thomas.

From the interest manifested in the meeting the success of the association promises to be great. An adjournment was made till Nov. 24th, for which arrangements were made and a suitable programme prepared.

**HYDROLEINE.**—This new preparation of Cod Liver Oil is deserving of the attention of the medical profession. Its use is not confined to cases of phthisis alone, but is found servicable in all wasting diseases, and also in convalescence from protracted illness. Under its use the weight may be greatly increased. It is claimed to be artificially digested by the combination employed, and produces no unpleasant eructations or nausea. Our own experience of its use has been most favorable.

**MONTREAL MEDICO-CHIRURGICAL SOCIETY.**—The following officers have been elected for the ensuing year:—Dr. Hingston, *President*; Drs. Wilkins and Osler, *1st and 2nd Vice-Presidents*, respectively; Drs. Perrigo, Blackader and Shepherd, *Council*; Dr. O. C. Edwards, *Secretary*; Dr. W. A. Molson, *Treasurer*; Dr. James Bell, *Librarian*.

**REMOVAL.**—Dr. R. W. Bruce Smith of St. Thomas, has removed to Sparta, Ont., where he succeeds Dr. Boddington, who retires after practicing his profession in that place for fifteen years.

**THE TORONTO GENERAL HOSPITAL.**—The clinical teaching in this hospital is now second to none. Two clinics are delivered daily by certain members of the staff, an out-door clinic from 1 to 2, and an in-door clinic from 2 to 3 p.m. This arrangement has been found to work well and gives entire satisfaction to the students.

**APPOINTMENTS, ETC.**—Dr. James Anderson has been appointed House Surgeon to the Hamilton City Hospital. Dr. G. S. Ryerson, of Toronto, has been elected an original member of the Ophthalmological Society of Great Britain. Dr. Sweetland, of Ottawa, has been appointed Sheriff of the Co. of Carlton.

**HALIFAX MEDICAL COLLEGE.**—The opening of the fourteenth session of the Halifax College took place on the 4th ult., and was a most successful and promising meeting. Addresses were delivered by Dr. R. S. Black, the President, Mr. Henry, Lecturer on Medical Jurisprudence, the Rev. Chancellor Hill of the University, Hon. Dr. Parker and others.

**UNIVERSITY OF TRINITY COLLEGE.**—At the Annual Convocation of the University of Trinity College, Toronto, the following degrees were conferred:—M.D., C.M.—J. N. Forbes, H. W. Smith, M. D. Stark and F. Bentley. C.M.—S. McArton and J. McIlhargey.

**FIFTY YEARS IN PRACTICE.**—Dr. Cattermole, one of the leading physicians of London, Ont., celebrated the fiftieth anniversary of his graduation on Friday evening the 5th ult. We congratulate the Dr. on his long and successful career in medicine.

**PERSONAL.**—The friends of Dr. Lambert of Amherstburgh, will be glad to learn that he has almost entirely recovered from his very severe illness.

The degree of M.B., Toronto University, was conferred upon Dr. Alex. Davidson of Toronto, at a meeting of the Senate held on the 23rd ult

**DOUBLE QUALIFICATION.**—The following gentlemen have passed the final examination and were admitted as licentiates of the Faculty of Physicians and Surgeons, Glasgow, and Royal College of Physicians, Edinburgh:—Drs. J. Ferguson, Toronto, C. McDonald, Tilsonburg; and N. McKechnie;

London. John E. Shaw, M.B., Trinity Medical College, has successfully passed and obtained the degree of L.R.C.P. & S., Edinburgh.

### Books and Pamphlets.

**DISEASES OF THE PHARYNX, LARYNX AND TRACHEA.** By Morell Mackenzie, M.D., London. New York: William Wood & Co. Toronto: Willing & Williamson.

How multitudinous are "the ills that flesh is heir to!" Here is a book of over 450 solid pages, exclusively devoted to the diseases of some four or five inches in length, by less than two inches at its widest part in width, of a portion of the human frame, of whose morbid liabilities nineteen-twentieths of the community, in sound health, have neither any real conception nor any salutary apprehension. Verily, when one takes even but a running glance over Dr. Mackenzie's elaborate treatise, bristling as it is with instructive anatomical and pathological woodcuts and wonder-prompting delineations of specialistic equipments, it is almost enough to make poor humanity shake in its boots and ruminate as to the advisability of sewing up the mouth and plugging the nostrils, in order to exclude morbid agents. If we may judge from the long lists of authorities referred to by the author, at the foot of his pages, we must conclude that he has been an almost omnivorous student of the literature of his adopted specialty; and it would be by no means saying too much for him, to aver the belief that he has profitably digested all the aliment lighted on by him in his wide research. The book is one which may be read by the studious general practitioner with much advantage, whilst to the enterprising neophyte, whose ingenuity may be puzzled in these tight times, to fish up some promising line of genteel practice, which may bring him more substantial and progressing pecuniary returns than he can hope for from the exhausting drudgery of general practice, it can hardly fail to prove one of the best investments he has ever made. The very armamentarium of the laryngoscopist, if skilfully exhibited, might be, to an eloquent youth, half a fortune; in the hands of an expert and skilful manipulator, they must be transcendently effective.

The typography and paper are both commendable. If a little more attention had been bestowed



on the lettering of some of the woodcuts, the reader's eyes would be less worried in trying to hunt up letters which the engraver seems to have thought undeserving of his notice.

ATLAS OF SKIN DISEASES—By L. A. Duhring, M.D., University of Pennsylvania. Part VII. Philadelphia : J. B. Lippincott & Co. Toronto : Willing & Williamson.

We have on more than one occasion expressed our high appreciation of this most admirable work, and the present number maintains the excellent character of its predecessors. It is one of the best works of its kind ever published in America, and is fully equal to the best foreign. Part VII. embraces Eczema (Pustulosum); Impetigo Contagiosa; Syphiloderma (Papulosum); and Lupus Vulgaris. The plates are beautifully executed, true to nature, and not overdrawn. We commend the work most cordially to our professional brethren.

HANDBOOK OF MEDICAL CHEMISTRY, by W. H. Greene, M.D., Demonstrator of Chemistry, Medical Department, of the University of Pennsylvania. Philadelphia : H. C. Lea's Son & Co. Toronto : Willing & Williamson.

THE MOUTH AND THE TEETH, one of the series of American Health primers, by J. W. White, M.D., D.D.S., Philadelphia. Lindsay & Blakiston, Publishers.

STUDENTS MANUAL OF VENEREAL DISEASES, by F. R. Sturgis, M.D., Medical Department of the University of New York. New York : Putnam's Sons, Toronto : Willing & Williamson.

ZELL'S CONDENSED CYCLOPÆDIA, BY J. M. MIGHT & CO., TORONTO.

The work of which this is an excellent condensation is well known to those who are compelled to frequently consult works of reference. It will prove still more useful even than the original to many because it is cheaper and more convenient. It is beautifully printed, well bound, comprises 1,000 pages, and contains a fund of useful and valuable information. It differs from most other Cyclopædias in being a dictionary as well. The definitions of words are appropriate, and the derivations and pronunciation are carefully prepared. In addition to the geographical information contained under the different names, there are several excellent maps scattered through the volume. It is also profusely illustrated with cuts of objects described in the letter-press. Medical men will find it an invaluable addition to their libraries.

THE POPULAR SCIENCE MONTHLY—Edited by E. L. & W. J. Youmans. New York : D. Appleton & Co.

This most interesting and valuable serial commenced its 18th volume in November. Its articles and abstracts of articles, original, selected, and illustrated, give accounts of all important discoveries and applications of science that are of general interest. A series of important articles by Herbert Spencer was commenced in the number for November on "The Development of Political Institutions." The Popular Science Monthly, while it is addressed to the intelligent classes of society, treats its topics in a popular style and is as free as possible from scientific technicalities. Its pages faithfully represent the progress of scientific questions. We commend it to the consideration of our readers. See commutation rates.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. Washington, D.C. Vol I. A.—Berlinski.

Some idea of the extent of this work may be formed from the fact that this volume of 888 pages deals with the titles and authors from A. to Berlinski. At this rate of progress, it will require at least 10 volumes of the size of the present one to complete this index-catalogue. Dr. Billings deserves the thanks of the profession for his labors.

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### Births, Marriages and Deaths.

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At Mount Pleasant, on the 18th ult., the wife of Dr. Marquis, of a daughter.

On the 17th ult., R. A. Pyne, M.D., Registrar of the College of Physicians and Surgeons of Ontario, to Mary Isabel, second daughter of Judge Macqueen, of Woodstock.

On the 16th ult., W. Cornell, M.D., of Thedford, Ont., to Annie Elizabeth, daughter of Mrs. A. Irving, of Bosanquet.

In Montreal, on the 4th ult., Dr. S. B. Schmidt, in the 55 year of his age.

On the 22nd of Oct., Dr. Edward Nesbitt of Sandwich, Ont., aged 40 years.

On the 4th ult., Dr. A. Stewart, of Woodhill, by being thrown out of his buggy.

On the 11th of Sept., Dr. H. Dawson of Newcastle, N.B., in the 24th year of his age.

On the 26th of Oct., Chas. C. Hamilton, M.D., of Cornwallis, N.S., aged about 70 years.

On the 21st ult., T. C. McConkey, M.D., of Barrie, in the 31st year of his age.

On the 24th ult., Dr. John Bentley of Newmarket, suddenly of heart disease, aged 61 years.

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*\* \* The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.*

# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

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## Original Communications.

### HEADACHES, THEIR VARIETIES AND TREATMENT.

BY K. N. FENWICK, M.D., M.R.C.S., KINGSTON, ONT.

I thought it best to choose a subject for to-night which was of common occurrence, one which all of us must have had more or less experience in treatment, rather than to take a subject of which little is yet known, or perhaps only to a few whose special experience or training may have led them to more knowledge of that particular branch than another.

The subject of headache is one which we are brought in contact with every day, and should merit attention, for it is a warning always to be attended to, and which if neglected may result in organic disease.

Many people suffer from headache but never consult a physician, and as a recent writer on this subject aptly says:—"Very great is the collective amount of suffering endured by those who 'never had a day's illness in their lives.' The strong broad-shouldered man tortured with the toothache; the clever man a martyr to corns; the well-looking lady who plays without faltering her part in the world, whose life is regular as her appearance is healthy, yet on whose brow the attentive observer can detect the worn look of unrest that tells of a headache. These afford but a few illustrations of the many sufferers from the minor evils of life; those lesser miseries which have more to do with folding the furrows in our faces and ruling the wrinkles on our brows, than we are wont to admit."

Headache is not a disease but a symptom, and as such occurs in all fevers, in uræmia, in Bright's disease, and as a result of rheumatism and gout. But what I wish to draw your attention to this evening is what may be termed Idiopathic Head-

ache,—where the head pain is the most prominent and marked symptom. Now, like in every other disorder, it is well always to find out the cause if possible, for otherwise we will often be at a loss to account for the nature and severity of the pain and so fail in its relief. In order therefore to facilitate the study of headaches, it will be proper to classify the subject. The simplest arrangement is to divide headaches into functional and organic, the former being again divided into the bilious or dyspeptic, the congestive or plethoric, and the nervous or neuralgic.

#### I.—FUNCTIONAL HEADACHES.

1. *The Bilious or Dyspeptic* headache is usually caused by imperfect mastication, bad cooking, bolting meals without a moment's interval for the stomach to attack the food while the brain is untaxed. It often occurs in dyspepsia of an atonic character and in persons of a sedentary occupation. It may also occur in the healthy and vigorous after some indiscretion in diet. It may come on a few hours after eating, or more frequently the person wakes with it after eating a late supper. The pain usually begins on one side of the head, soon spreading all over it, but rarely affecting the occiput. It is often accompanied by indistinctness of vision, dazzling spots of light, vertigo and noises in the ears, the mind being often confused, accompanied by great restlessness. The bowels are often constipated, and as the headache increases, often diarrhœa sets in, with vomiting, and relief of the headache. Sleep likewise gives relief. The feet are usually cold, the head hot, the face flushed, the tongue coated, the mouth clammy and the breath offensive. The pain shifts, and is increased by the upright position.

In treating this form of headache our attention must be directed to the condition of the stomach. An emetic will often be useful, or a blue pill followed by a saline. Rhubarb, magnesia, soda bicarb., or ammonia with some aromatic tonic will often remove the headache. Then sedentary habits should be avoided, especially if accompanied by anxiety of mind. Hurry and excitement in business, hard study, mental worry during a meal, intemperance and excessive smoking should all be obviated, and thus we will prevent a return of the headache.



2. *The Congestive or Plethoric headache* usually occurs in persons of a full-blooded habit. The cheeks are red and filled with tortuous vessels; the lips are bluish, and the nose red; the pulse is quick, full and strong; the eyes are bright or suffused; the eyelids heavy; the head is hot; there is throbbing of the arteries of the neck; and there is a feeling as if the head would burst. While in the dyspeptic headache the pain is increased by the upright position, in this form of headache the pain is increased by stooping, and by bodily or mental exertion of any kind.

In treating congestive headache the diet must be attended to. Meat only once a-day. The appetite should never be entirely satisfied. Beer, spirits, coffee and stimulating food should be avoided. The head should be bathed with cold water at bedtime; should sleep with head high; and the room should be airy.

It is well always to examine the heart in these cases, for it is often enlarged. Medicinally, a brisk purge or venesection will be best; saline diuretics are useful; a hot salt bag may be applied to the back of the head, and a mixture of potas. brom. with ergot and belladonna is very useful.

3. *The Nervous or Neuralgic Headache*.—Here the pain is of a plunging paroxysmal character, like toothache, and indeed it often does depend upon a rotten tooth for its exciting cause. It is often of an intermittent character, especially when due to malaria, or it may be worse at night, when it is often due to syphilis. It usually occurs in pale, thin, haggard and anæmic persons. Perhaps some poor seamstress who works from morning till night to support herself and a fatherless family, whose food is of the coarsest and poorest, because she can afford no better, whose nights are disturbed by a sick child. Some great trouble, or excitement, fatigue, flooding, suckling, or change of life may have been the exciting cause. This form of headache may, however, occur among all classes, for the rich are not without their cares. The pain is often intense, and makes the person affected feel stupid, or makes them use the expression, "If I am not soon relieved, I shall go out of my mind!" There may be nausea and vomiting, but the tongue is clean, showing it to be sympathetic. It is this form of headache we find in the early stages of pregnancy, while it is the congestive headache which occurs in the later stages.

Then there is a form of neuralgic headache which occurs in females just emerging on womanhood, or else at the climacteric, and is termed migraine or sick headache. It is often ushered in by sighing, yawning, or shuddering showing its resemblance to other nervous diseases, and indeed it is very apt to attack those who have some hereditary tendency to affections of the brain. Thus a grandparent of the patient may be epileptic, a brother may have been affected with stuttering, and another insane. Previous straining of the mental powers often excites an attack in such persons especially if fatigue or excitement accompanies it. The pain is often at the top of the head or occiput, or it may be supraorbital. Nausea and vomiting are usually induced subsequently, being the effect and not the cause, for it indicates the lowest point of nervous exhaustion. The pain often leaves a tender condition of the head for a day or two afterwards.

In treating neuralgic headache, the pain may be relieved temporarily by hot or cold applications according to the feelings of the patient. If they prefer heat, then flannels wrung out of hot water; or if cold is preferable ice bags may be applied. A strong cup of tea, or that drug so similar to tea in its action, guarana in ʒss. doses repeated. Stimulants often relieve the pain, and galvanism has been recommended; quinine, pot. brom., morphia and croton chloral often prove effectual, and tonga, a drug lately obtained by Dr. Ringer from the Fiji Isles is recommended in ʒss to ʒj doses of the liquid extract. Menthol, or Japanese peppermint has lately been lauded as a local application. Then the food should contain plenty of fat as Anstie has pointed out, and milk with cod liver oil and tonics given, since this form of headache has been aptly expressed as the "prayer of the nerve for healthy blood." Valerianate of Zinc is recommended and phosphorus. If habitual constipation exists, as it often does in these cases, it should be removed. If due to uterine sympathy *cimicifuga* is recommended, and if syphilis is suspected it should be treated *secundum artem*, by mercury or potassium iodide. All exciting causes should be removed, such as dyspepsia, debility, anæmia; quiet and rest are essential, and the patient should be kept in a moderately darkened room.

#### II. ORGANIC HEADACHE.

This form of headache is characterised by being

fixed in one spot ; very sharp, constant, agonizing. It is increased by engaging the patient in conversation instead of being lessened, as in the other varieties of headache. Another very peculiar feature of organic headache is, that perfect quiet and rest do not ease the pain, as in the other varieties, and sleep does not relieve but rather aggravates it. Thus a patient while suffering from a violent attack of headache, will pass from wakefulness and suffering into a quiet easy slumber, lasting for many hours, and wake out of it with the headache worse than before. The appetite is often ravenous, there is often hiccough ; vomiting is almost a uniform accompaniment ; and convulsions are common. Organic headache is due either to some alteration in the brain substance or to the presence of a tumor in the brain.

There is another sign which was first pointed out by Von Graefe, and since by Bouchut, Allbutt, and Hughlings Jackson, viz : that tumors in the brain are always accompanied by double optic neuritis leading to double optic atrophy. If then we have agonizing headache, accompanied by vomiting or convulsions, the pain increased by engaging the patient in conversation, rather increased by sleep, and we find on ophthalmoscopic examination the presence of double optic neuritis, or its sequel double optic atrophy, we may be sure that the trouble is of organic origin and due to a tumor in the brain.

Dr. Walker, of Indianapolis, mentions a case of a man who had suffered from cerebral symptoms at intervals from the age of 12 until the age of 59 when he died during an attack of severe headache, vomiting, insomnia, and slight mental aberration, ending in symptoms of compression, but without paralysis. He was well developed physically, and mentally had much more than average intelligence, business capacity, energy and force of character which remained unimpaired until his last illness. At post mortem a cystic tumor was found on left hemisphere close to the longitudinal fissure. It weighed  $3\frac{1}{8}$  oz., and measured  $5\frac{3}{4} \times 2\frac{1}{2} \times 1\frac{1}{2}$  inches.

The case of Dr. L., who was well known to nearly all present, furnishes another example. During his last session at college he was affected by severe frontal headache, and about that time he was examined by an oculist, who pronounced it a case of Bright's disease, partly from an oph-

thalmoscopic examination, and from the fact of tube casts being found in the urine. He never had albuminuria, but oxalate of lime was found in abundance, which probably accounts for the tube casts. The headaches increased, and vomiting and convulsions occurred, followed by anorexia and emaciation. He was taken to New York and examined by Dr. Janeway, who found double optic neuritis and pronounced it brain tumor. He has now recovered health and gained in flesh, occasionally has headaches, but is stone-blind.

Last week I had the pleasure of examining a female patient with Dr. Saunders, who had headache and convulsions some two months ago, being quite healthy before that. She now has a peculiar staggering gait, occasional headaches, and has lost the sight of the right eye. On examining with the ophthalmoscope, we found optic neuritis beautifully marked in the right eye, the pupil of which was dilated, and evidently some hypermetropia, as the direct image could be seen at some distance. On dilating the pupil of left eye with atropia the vessels of the disc were seen somewhat dilated, and signs of commencing optic neuritis.

In treating organic headaches, though we cannot always cure them, we may do something to prevent. Schoolboys and students should be warned against overstraining their mental powers. The severe struggle in competitions for prizes often causes headaches, which when neglected may lead to organic disease. In such cases complete rest, country life, sea air, with phosphorus and tonics are the remedies.

Sir Isaac Newton always found that when he worked at the theory of lunar irregularities it made his head ache, but never from any other subject. He neglected the warning and it cost him his life. It is always well to seek, in cases of organic headache, for syphilis, and try potassium iodide in large doses.

Now, in conclusion, we do not always find these varieties so well defined in every case, for they are often blended, so that a nervous and congestive headache may be combined, and a dyspeptic person may suffer from migraine or even organic disease. So we cannot treat every case alike, but each patient will require special study, and we will only be successful in the treatment of headache as we apply broad general principles, bearing in mind the habits, idiosyncrasies and constitution of each individual case.



## NOTES ON CASES IN PRACTICE.

BY DANIEL PHELAN, M.D., KINGSTON, ONT.

*I.—Fibroid of the Rectum.*

A case of fibroid of the rectum occurring in my practice, may be of interest to the many readers of the LANCET.

Mary C., a little girl *æt.* 7 years, had been under my care for some weeks, suffering from general weakness, with an anæmic condition of the blood. Her mother informed me that her daughter had been in poor health for some time before she applied for assistance, and she knew no cause. She was placed under my care, and as she suffered from a scrofulous affection of the eye-lids, I prescribed ung. hydrarg. ox. rub., to be applied each night, with marked improvement, and gave cod-liver oil and small doses of tinct. ferri perchlor. and glycerine. The improvement being very slow, the mother informed me that the little girl complained for some time of a certain fulness in the rectum, or as she said herself, "a stick in me"; and as there was always a quantity of blood passed at each evacuation of the bowels, she attributed the cause to hæmorrhoids. It at once struck me that the cause of the debility was located there. I suggested an examination, and on my arrival next day, introduced a small speculum, which at once revealed a foreign body resembling the large round worm, *ascaris lumbricoides*, but which turned out later to be the pedicle of a small fibroid which I discovered, about the size of a pigeon's egg. I seized it with a polypus forceps and drew the growth through the anal aperture, and having applied a ligature to the pedicle, which was about three inches long, to arrest any little hæmorrhage (she could not afford to lose any blood), I snipped it off with a pair of scissors. The hæmorrhage at each evacuation must have originated from the base of the pedicle, as the fæces exerted considerable traction-force on passing the growth in the rectum, and as hæmorrhage came at every movement of the bowels, the cause of her anæmia was apparent. Since removal she has had no hæmorrhage at stool, and under cod-liver oil and a little tonic medicine she has improved very much.

*II.—Diphtheria.*

Fortunately for the people of our city, diphtheria

does not often occur, as in it the physician has a disease which medicine has in a large number of cases no control over, and he has therefore to trust to nourishing diet and stimulating enemata to sustain the life of his patient. As I have had a number of cases lately under my charge, I purpose giving you the mode of treatment which on the whole I have found most satisfactory. No physician pursues one mode of treatment in this disease, for when one medicine fails another is tried, and so on, till he has exhausted the routine of remedial agents, and has not infrequently indulged a little in empiricism. The medicines reputed to have effected cures in this disease are legion, and no doubt each physician has his favorite. The calcis bisulph. I have used and cannot say I have found any benefit from it as an application to the membrane, though it has a good reputation, particularly amongst German physicians. I would much prefer carbolic acid and glycerine as an application, and in a few cases I must admit the efficacy of its application, and always consider it worthy of trial. The sulpho-carbolate of soda advertised as a specific, I have employed in one case, and inasmuch as I received no beneficial result, I have lost faith in its virtue. The practice of blowing sulphur into the fauces (resorted to by every old woman on the slightest symptom of any affection of the throat), I can speak of in full appreciation of its merits in diphtheria. Atomizing the throat with sulphurous acid spray is a favorite remedy. The plan of treatment of which I can speak most favorably is that which I have employed latterly. I apply to the false membranes, with a camel's hair pencil, a solution of hydrate of chloral and glycerine (ʒij. to ʒj.) every four hours, and give internally:

R—Tinct. ferri perchlor.,  
Potass. chloratis., aa ʒij.  
Aquæ destillat., ad ʒiv.—M.

SIG.—Teaspoonful every 3 hours to children between the age of 3 and 6 years.

Dr. Suligmuller, a Prussian physician, claims priority in the use of potassium chlorate as an internal remedy in diphtheria, and describes the *rationale* of its action in its local influence as a mild caustic, separating the diphtheritic pseudo-membrane, and in its septic influence, by affording a supply of oxygen to the blood, already withdrawn from the blood corpuscles by germs of the fungi, and by destroying these organisms.

## CEREBRAL TEMPERATURE IN A PERSON ON WHOM THE COMMON CAROTID WAS LIGATURED.

BY PROFESSOR MARAGLIANO OF GENOA.

(TRANSLATED FROM THE ITALIA MEDICA BY JOSEPH WORKMAN, M.D., TORONTO.)

"The distinguished Professor, P. Arata, Director of Clinical Surgery in the University of Geneva, on 10th March in the present year, removed, with his wonted ability, a tumour on the right of the neck, in a person 50 years of age, named Poggi Francesco. Because of the position of the neoplasm, the operator was constrained to tie the common carotid. The operation took place at 10.30 a. m. Having on the same day become aware of the fact, I solicited from the assistant, Dr. G. Garibaldi, permission to observe the cerebral temperature of the patient, which was courteously granted, and on the same day at 4 p.m. I applied on the patient's head thermometers in Broca's method. The thermometers used were all graduated most exactly :

The following figures were shown at the end of one hour :—

Frontal region, <i>right</i>	35.9°	<i>left</i>	37.6°
Temporal " "	34.3	" "	37.4
Occipital " "	36.0	" "	36.2
Mean of mid-half, <i>right</i>	35.4		
Do. of " "		<i>left</i>	37.1

As appears evident from these figures, there was a marked difference in the right frontal and parietal regions, where the markings were much below those of the corresponding parts on the left side. There was however only a slight and normal difference between the two occipital regions.

Now, in the enormous difference between the two frontal and parietal regions, compared with the almost complete equality of the two occipital regions, we have a truly experimental demonstration of the correctness of the idea of Broca and those who follow him, in holding that the temperature revealed by the application of thermometers on the head, is really that of the brain, and not of the skin.

It is indeed known that the cerebral cortex in the frontal and parietal region, is irrigated by the *anterior cerebral* and the *median cerebral* arteries, both branches of the internal carotid, and that hence they receive their blood from the common

carotid. When this vessel is ligatured, and blood cannot pass through it, there is produced a deficient irrigation of those parts of the cortex which are supplied by it ; hence the thermal depression, in this case, on the right, and elevation on the left, where there was necessarily a compensating afflux of blood above the normal.

The occipital lobes, on the contrary, are known to be supplied by the posterior cerebrals, which are branches of the vertebral arteries, that receive their blood from the subclavian system, independently of that of the common carotid ; hence, of necessity, the occipital irrigation would not be disturbed by the ligaturing of the carotid, and in that region no modification should be observed ; and this was the case, for no abnormal difference was observed in the occipital lobes.

Now, if the thermometers applied to the head did not furnish to us the temperature of the brain, but that of the cutaneous integuments, then also in the occipital region the temperature should have been depressed on the right, because there the integuments are irrigated by the *occipital* branch of the external carotid, in which, *because of the ligature on the common carotid, the circulation was necessarily disturbed.*

Some may be surprised in seeing that in the right frontal and parietal region, although the temperature was relatively notably below that of the left side, it still presented a figure sufficiently high. But when we reflect that the tumor had existed a considerable time, and was very gradually developed, and compressed the carotid quite sensibly, we can understand that by means of the communicating branches, the circulation in the right hemisphere at the time of the operation, might be sufficiently sustained.

## THE PRIMÆ VIÆ.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.

Primæ Viæ,—ductus Vitæ,  
Has e'er poet sung of thee ;  
Of thy rich digestive juices,  
Of thy automatic sluices,  
Acting all in harmony?

Duodenal glands of Brunner,  
Rich as jewels in a shrine :  
Follicles and crypts sub-mucal,



Grander far than palace, ducal ;  
All the works of Art outshine.

Epithelial cells, columnar,  
Line thy arches far and wide :  
Sentinels, on outpost duty,  
Gems of protoplasmic beauty,  
Laved by every passing tide.

Here the villi dip their noses ;  
Gifted with a wond'rous power,  
Not of smell,—but of selection,  
Of acceptance or rejection  
Of the products of the hour.

Noble villi ! Who instructs ye  
Thus to choose our boon, or bane,  
How do ye secure your treasure,  
How transmit it at your leisure ;  
Questions, yet to ask, in vain.

Organs delicate, and moulded !  
On a microscopic plan :  
Working transformations mighty,  
Is it not the ductus vitæ,  
After all, that makes the man ?

See that particle of butter,  
Now an oil globe on its way ;  
The saliva lightly kiss'd it,  
But the gastric juice has miss'd it,  
And the purling stream has whisk'd it  
In a duodenal bay.

There coquetting with a portion  
Of the undigested rice,  
The hepatic fluid meets them,  
Pancreatic juices greet them,  
And they're married in a trice.

Thus emulsionized and chylous,  
Higher still the process goes ;  
Villous, lacteal, lymphatic,  
Vital, chemical and static,  
'Till to bioplasm it grows.

Primæ Viæ,—ductus Vitæ,  
Half thy story is unsung ;  
Uncongenial much that passes,  
Hydro-sulphurets and gasses,  
Fæcal matters from thee wrung.

From the folds of deep mucosa  
Creep a thousand tiny rills ;  
Bearing with them as they issue,  
Waste of nerve, *debris* of tissue,  
Else the source of many ills.

Happy he whose daily promptings  
Urge to defecation due :  
Needing neither pills nor potions,  
Regular, as his devotions,  
Setting out on life anew.

Patient sew'r ! what wrongs oppress thee,  
Glutted to excess, we dine.  
With tasks herculean perplex thee,  
At unseemly times we vex thee  
And frustrate thy high design.

But around the deep mucosa  
Other structures closely cling,—  
Nerve and muscle fibres blending,  
Fine elastic tissue lending  
Strength and firmness to the ring.

Each performs a special function,  
Each has secrets of its own.  
Have they rivalries to smother ?  
Do they whisper one another,  
What is known to them alone ?

Primæ Viæ,—ductus vitæ,  
Let them scorn thy use who can ;  
Source of radiant health and beauty,  
I my homage pay, and duty,—  
Thou it is that makes the man !

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### Correspondence.

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#### OLIVE OIL FOR REMOVAL OF GALL STONES.

To the Editor of the CANADA LANCET.

SIR,—In the last number of the CANADA LANCET is a communication from Dr. A. Ruttan, of Napanee, bearing on a brief notice of mine in a late number of the London *Lancet*, on some cases which lately occurred in my practice, describing the action of olive oil in large doses, prescribed for biliary calculi.

In reference to this communication, I beg first to set one or two matters of a personal character in their proper light. Dr. Ruttan assumes that in sending my communication to the London *Lancet*, I was possibly if not probably actuated by the ambition of coming out in the character of a discoverer of a new remedy for gall stones, and further, of sending a communication before the learned world which the present state of our knowledge on this subject rendered quite an act of supererogation. Both assumptions are groundless. As a matter of fact, in the private note which accompa-

nied my enclosure to the friend to whom I entrusted it, I requested that my notes should first be submitted to some of my old Professors—men well versed in medical science, or to some medical friend in London equally competent, and should either of these gentlemen deem the notes of sufficient professional interest for publication, the notes, or a brief abstract of them, might then be offered for that purpose. I took care also to give my authority for the practice in these cases. With regard to my professional relation to Dr. Ruttan in the case of Robert C., I have to correct another misapprehension. I was indeed informed that Dr. Ruttan had not long before been in attendance, but I had not the duty of coming in contact with his management of the case. I was shown the medicines Mr. C. was then taking, and was informed that he had lately received them from my former colleague, Dr. H. Yates, of Kingston. Dr. Yates had then recently removed to Quebec. Had I had an opportunity of communicating with Dr. Yates, I have not the slightest doubt, the patient not being yet relieved, and the case urgent, he would at once have given me a *carte blanche* to proceed in the case according to the best of my judgment. I had no hesitation therefore in acting in the case to the best of my knowledge.

I beg now to notice a few points on the criticisms of my reviewers. After his graceful complimentary introduction, Dr. Ruttan proceeds by quoting what he calls the incisive criticism of Dr. James B. Ball, of Brixton. On the use of the oil Dr. Ball remarks, and if I am not mistaken Dr. Ruttan endorses what he says, "It is probable that Dr. Kennedy *might have* obtained equally surprising results if he had administered similar doses to persons who had no liver symptoms whatever." The italics are mine. It is for Dr. Ball or Dr. Ruttan to prove this part of their case. In the interest of science they should do so and report their results. I cannot say as yet, from my own experience, that this effect is produced in healthy persons, having only used the oil on persons affected with liver disease. Judging simply from the analogy of the effects produced on persons affected with liver disease, my experience points me to a contrary conclusion. In the case of these persons, after the administration of the first dose or two, these bodies cease to be discharged, no matter how often, or in what large

quantities the oil may have been given. But singularly enough when, after a shorter or a longer period, the symptoms of the presence of gall stones return, then, but not till then, do these bodies, by the same means commence again to be eliminated. The quotation proceeds, "Dr. Kennedy has offered no satisfactory proof that these bodies, which were expelled in such a wholesale and painless manner, were really gall stones." By Dr. Flint (whose personal experience is derived from the observation of *a single case*) and Dr. Dunglison these substances are simply called "fatty concretions." These gentlemen have not, nor has any one else, so far as I know, determined their specific constitution. Neither can I. All that I at present know is, that their expulsion is coincident with the disappearance of the symptoms of gall stones, and that they can no longer be expelled after the patient is fully relieved. Take the case of Robert C. for example. Dr. Ruttan will concede that Mr. C. had all the symptoms of one affected with gall stones, and had been treated accordingly. On the occasion referred to in my notes he took the prescribed dose. Next day there passed great numbers of what, to accommodate Dr. Ball and Dr. Ruttan, I shall call fatty concretions. On the second dose being repeated, there followed a quantity of slimy bilious-looking matter, but no more fatty concretions. Coincident with this, a very decided change took place in his general symptoms. He was able to sleep better, to take and relish his food better than he had for a long time, but above all the weekly intense paroxysms were averted. My previous experience had taught me to guard against the re-formation of the gall stones in a constitution strongly predisposed to their production. I recommended Mr. C. to use the oil at timely intervals on the first appearance of a threatening paroxysm. This he faithfully did, till he had in all consumed, in the usual doses, as much as somewhat near two gallons of oil. From being prostrated and emaciated to a very serious degree, he gradually gained in strength and improved in general health, and when I last met him in Napanee, nearly a year ago, he had gained wonderfully in flesh and was in the enjoyment of such robust health as he had not possessed for years.

With regard to the theory of which I have heard, that the "fatty concretions" are due to the resolution of the olive oil into its constituent parts,



margarine and oleine, some interesting points may be considered. I by no means deny the theory—may be a plausible one—but I doubt it being the true one, simply because, in ordinary circumstances, it requires a low temperature to precipitate the denser materials. However this may be, it is some time since I came to the conviction that oleine was probably that part of the oil which caused the solution or disintegration of the calculi. In a conversation, some time ago, with Professor McLean, of Ann Arbor, on the subject (some of whose colleagues in the University of Michigan have long used olive oil for biliary calculi with success), he will bear me out that I then gave this as my view. The use of oleine in a few appropriate cases may possibly set at rest the theory in question. Probably a smaller dose will suffice, and so be less objectionable to the patient. Should however the theory of the precipitation of the margarine from the oleine prove to be the true explanation of the appearance of the fatty concretions, then the conclusion which must be come to with respect to the effect of the crude oil on the calculi is, that our success has been greater than at first sight might be conjectured, and that the calculi have been, not partially, but wholly dissolved, or disintegrated, in all those cases in which by the use of the oil the evidences of the presence of the calculi have at the same time disappeared.

Two other points may be briefly noticed, with respect to the character of the criticisms of Dr. Ball and Dr. Ruttan. Both glide very lightly over the main fact in the record, namely, the relief of the patients from the suffering attendant on the presence of gall stones. Both appear to conclude that Dr. Flint's and Dr. Dunglison's use of the term "fatty concretions" to the substances passed in circumstances analogous to those recorded by me, at once and absolutely excludes the idea of any relation between the use of the oil and the relief from the symptoms of the presence of gall stones. I can only repeat on the first point, that the relief was undoubtedly obtained; and on the second, that the relief followed the expulsion of the "fatty concretions" as already described.

On the whole, then, Sir, is not the main question to me as a medical man—not the question whether the products resulting from the use of the oil is to be regarded as the debris of gall stones or may be some other undetermined fatty concre-

tions, but whether relief can be obtained by the remedy? Neither will it avail me much to know that this remedy has been long before the profession, if I am prevented from having recourse to it by the consideration that certain analogous though harmless results may be produced by it equally on the healthy and the suffering. Granted that the fatty concretions are not the debris of gall stones, yet if the discharge of them be coincident with relief from great suffering, will the patient's gratification be diminished any by being informed by one physician that the substances he has passed are in reality only stearine, by another that they are margarine, and by a third that they are nothing more than a lot of fatty concretions. I trow not. So neither on the other hand will he be very much comforted by being assured he has passed the debris of gall stones, provided his symptoms are not at the same time relieved.

Both gentlemen seem so much staggered at the wholesale number of the bodies said to have been passed in some of my cases, that this circumstance alone may have been sufficient in their view to decide the improbability of the substances being in any way related to the debris of gall stones. On the number and size of gall stones occasionally passed or found in the gall bladder, Professor Gregory remarks, "They vary greatly in size. The largest I ever saw weighed 380 grains, and was passed by stool. Some calculi described by Mr. Brayne weighed respectively 162, 176 and 159 grains. Dr. Dix has detailed the case of a lady who passed by stool a biliary calculus weighing 278 grains, and measuring one inch and three-quarters in length, and three inches and three-quarters in circumference. The average weight of a calculus of ordinary size which the ducts will readily admit is 25 grains. When the calculi are of very small size they are often very numerous. In the Hunterian Museum, a gall bladder is preserved containing 1000 calculi."

The question has also been raised, how is it possible for the oil to reach the gall bladder? The relaxing effect of olive oil, applied externally, is a circumstance of which we occasionally take advantage. If some effect may be produced when applied in this way on an organ or part remote from the seat of application, may not its effects when used internally and necessarily passing through parts adjoining the organ designed to be

acted on be proportionately decided? And when such large bodies as those described by Professor Gregory have safely passed through the ducts, where can be the impossibility or improbability of the oil finding ingress into the gall bladder, especially when the passage may be preternaturally relaxed by the frequent passage of gall stones. Since writing the foregoing, my son, Dr. A. Kennedy, has received a note from Dr. Fenwick, of Kingston, who has been kind enough to make an analysis of one of the "fatty concretions." Dr. Fenwick finds in them stearic acid, but no bile pigment nor cholesterine. It would appear therefore that the bodies are of a purely animal origin. Margarine is not present, and as to the absence of cholesterine, although it is the most common and chief ingredient in gall stones, I need not say it is not invariably present in these bodies.

Yours faithfully,

R. KENNEDY.

Bath, Dec. 9, 1880.

### THAT BLOOD CLOT.

To the Editor of the CANADA LANCET.

SIR,—In the LANCET for December appears a letter from Dr. J. Stewart, which seems to require some notice from me. The letter is so calculated to mislead (probably inadvertently so), that I wish with your permission to show that the odium Dr. Stewart would cast upon me is not deserved.

In the report of the proceedings of the Canada Medical Association in the LANCET, as well as all the other journals, it will be found that I said, in the discussion of Dr. Hingston's paper on the "Treatment of Surgical Wounds," that a "clot in a wound may sometimes become organized; but it is a clot of fibrine coloured with blood. In the report, however, published in the *Canada Medical Record*, which is much fuller than the others, it is also stated that I said, I "had confidence in antiseptic surgery. This report escaped my attention until a few days before the time for the next issue of the *Record*. I hastily wrote a letter to that journal to explain what I meant by antiseptic surgery. It was in this letter alone that I made use of the word hæmatine, a term which has frequently been employed synonymously with the "colouring matter of the blood." I had no thought of any question of a chemico-physiological nature. I wished

but to express my belief that when a clot is found in a wound undergoing organization, it is not a clot of blood where exists the blood-constituents in their normal proportion, but is principally fibrine coloured by the red property of the blood, perhaps the corpuscles unbroken, or a clot of fibrine covered by blood. It is sufficiently well known that after blood has ceased to flow from wound, liquor sanguinis stained with blood continues to be poured out, and in some cases it is very abundant, just as it may be around the fractured ends of a broken bone. Clots of this kind I have repeatedly seen becoming consolidated under ordinary open treatment of wounds, and it is for the Listerites to prove that the clots which now and then become organized under Lister's peculiar treatment are anything else.

I have explained why I wrote to the *Record*, and if it was not ungenerous for Dr. Stewart to transfer the discussion from that journal to the *Lancet*, it was at least unusual. I might also say that it was unfair for Dr. Stewart to extract a word from my letter, and use it as he did in the *Lancet*. The readers of the *Lancet*, many of them at least, not having seen my letter could not judge how far his censure was justified by the character and spirit of the whole communication. The letter was headed "Antiseptic Surgery vs. Listerism," and I desired to express as briefly and concisely as possible wherein I thought the two were different. Had I written in less haste and with deliberation, most probably I would not have employed the word to which Dr. Stewart objects. I entirely disclaim any intention of casting reflection upon individuals. I wrote as a member of the Association, on a particular subject, and I cannot but think it very ungenerous on the part of Dr. Stewart, to refer to my position as President elect of the Canada Medical Association. I have yet to learn that one in being honored by such a distinction, foregoes his right to express his views and opinions as usual.

It is all very well for Dr. Stewart to assert that Listerism "has done so much for humanity in the way of preventing death and alleviating pain;" but those who read the medical records from week to week from the United States and Great Britain must have observed that many, without the peculiarities of Listerism, have had equal if not greater success.

In your last issue is an editorial with extracts



from the *Louisville Medical News*, and *N. Y. Med. Record* which fully bears out all I say here, or said in my letter. And I would ask all unprejudiced Listerites to read a thoughtful article from the pen of Samson Gamgee, which he published in a recent number of the *British Medical Journal*, "On the Relative Merits of Different Methods of Wound Treatment."

I fear I have taken too much space already ; but I would much like you to insert the letter referred to above, to the *Medical Record*.

Respectfully,

WM. CANNIFF.

Toronto, 9th Dec., 1880.

To the Editor of the CANADA MEDICAL RECORD.

SIR,—In your excellent report of the discussion which followed the reading of Dr. Hingston's paper on the "Treatment of Surgical Wounds," at the meeting of the Canada Medical Association, I am reported as saying, that I "had confidence in antiseptic surgery." This is quite true ; but to the casual reader it might be regarded as endorsing Listerism. Nothing could be more opposite to my conviction and belief, in fact, my knowledge. On this point, as on almost every other, Dr. Hingston in his most admirable essay exactly expresses my views. To carry out Dr. Hingston's principles is to practice antiseptic surgery on correct physiological grounds, and not on visionary theories of germ putrefaction. In fact I have little patience with those who, availing themselves of the teaching of Hilton, Paget, and I may add of Gamgee and others, and by securing the requirements, by a *hocus pocus* proceeding necessary to allow nature to do her work of healing and restoration of tissue, endeavor to make it appear that it is by the use of germicides and the exclusion of germs that success is secured. Listerism disports itself in the robes of antisepticism ; but the latter is founded on physiological and pathological grounds, while the former is a passing fashion in the practice of our profession, meanwhile beneficial to the inventor and retailers, but only ephemeral, like all fashions.

In respect to the organization of a blood clot which it is claimed Listerism will secure, I remarked that when a clot did become organized, it was not blood but fibrine colored by hæmatine. This I have often seen take place under the antiseptic treatment of *rest, ventilation and cleanliness*.

Yours very truly,

WM. CANNIFF, M.D., M.R.C.S.

Toronto, Oct., 1880.

To the Editor of THE CANADA LANCET.

SIR,—In your issue for October appears a list of physicians in Canada, who it is alleged are holders of diplomas purchased in Philadelphia. Amongst the number my name figures with the rest, as the recipient of a purchased degree. I now wish to deny the allegation, not however supposing for a moment that the statement will injure me in the least amongst my patrons or medical confreres who know me. Still I must say that to be posted in the leading medical journal of the Province as the holder of a bogus diploma, creates in me a feeling otherwise than pleasant. During the years 1867-8-9, I attended lectures at the University of Medicine and Surgery, Philadelphia, and also the clinical lectures at the Pennsylvania Hospital, delivered by such eminent physicians and surgeons as Agnew, DaCosta, Morton, Pepper, Gerhart, Meigs, etc., and took my M.D. in the spring of 1869. I afterwards attended the medical school at Kingston, and in the spring of 1871 passed the examination for the Licentiate of the Royal College of Physicians and Surgeons, and subsequently passed the examination for M.C.P. & S. of Ontario. In conclusion, I will state that I attended college at Philadelphia years before the school got into the hands of swindlers and diploma sellers, the same as my friend Dr. Morrison did, and when the school was duly recognized by our Canadian Universities and the Ontario Medical Council. I think your correspondent "Chiron" would have displayed a little more courtesy had he ascertained the facts of each case before sending you the list he did, making such indiscriminate charges. I may say that the notorious Dr. Buchanan never had any connexion with this school, either directly or indirectly. Hoping you will give this denial a place in the columns of the LANCET.

I am, yours truly,

JAMES NEWELL.

Wyoming, Ont., Dec. 15, 1880.

## Reports of Societies.

TORONTO MEDICAL SOCIETY.

The President called the meeting to order at 8.30. The minutes of the previous meeting having been read and adopted, Dr. Davidson was duly elected a member of the Society. Dr. C.

Sheard's name was proposed as a member by Dr. Burns, and seconded by Dr. Graham.

Amongst the reports of cases Dr. Machell exhibited the stomach with a scirrhus mass surrounding the pylorus and implicating the pancreas—of a late patient of his—with the following history:—The patient was seen first a week ago. He had for the past ten years been suffering severely from dyspepsia. Four months ago vomiting set in with an aggravation of all the symptoms; the vomiting was excessive and frequent, and consisted of the contents of the stomach, and at times of a large quantity of clear watery fluid; food was ejected almost unchanged which had been swallowed three days previously. There was constant pain in the region of the stomach; obstinate constipation and much emaciation. There was a large nodular tumour over the pyloric region of the stomach which was the seat of the pain. A few days before death the pain suddenly ceased and never reappeared. The pylorus was narrowed greatly and surrounded by a hard nodular mass—the pancreas implicated, and the liver had masses of a softish gray substance scattered through it.

Dr. Oldright reported a case of triplets which occurred in his practice last night, two girls and a boy, of apparently six months—two of the placentas were united—but the third was connected to the other only by the membranes.

Dr. Covernton read a report of a case with a drawing, of intestinal occlusion, of which the following is an abstract:—W. W.—On Sept. 2nd, 1880, received a fracture of middle third of right femur—with considerable local bruising. The fracture was treated with a long splint, and weight and pulley. Patient did well until the morning of the 15th, when he was awakened about daybreak with a severe attack of colic. An enema brought away a free passage from the bowels with relief of pain. At 1 p. m. he had another violent and prolonged attack of pain. Opium and calomel were given—abdomen tender and swollen in right inguinal region—p. 120; leeches were ordered to the inguinal region and an enema resulted in a free passage from the bowels. 17th, vomiting of a dark coffee-coloured fluid; no recurrence of spasm; abdomen tender and tympanitic; turpentine stupes, morphine, bismuth, oxalate of cerium, hydrocyanic acid and ingluvin were successively tried, but failed to relieve the symptoms. 18th,

belladonna suppositories and abdomen painted with the fluid extract, without relief; stimulants and warmth to the extremities. 19th, etherized and rectum explored manually with a negative result. 20th, hiccough, perspiration; sulph. ether, given hypodermically, and a large enema given with the tube of a stomach-pump inserted as far as the sacral promontory. After three pints of warm water were injected, the water returned slightly fæculent, as fast as forced in. Twenty minutes afterwards this injection was repeated, but the water returned perfectly clear. Patient was then enveloped in warm blankets and stimulants given. He died at 6 p. m.

*Autopsy.*—On opening the abdomen the ileum rolled out greatly distended. No peritonitis, no adhesive bands, no serous fluid, no fæcal smell or matter. The jejunum and ileum were then carefully traced to a point about its lower fifth where a portion of the ileum about nine inches in length was found constricted and apparently entering into the cæcum, but which was found to be a diverticle; the lumen of the contracted intestine was diminished to about the size of the point of the little finger and then became again enlarged and distended until the cæcum was reached. This was empty, the valves normal, the appendix vermiformis rudimentary, and attached to the cæcum; colon and rectum empty. The jejunum contained a coffee-coloured fluid with a slight fæcal odour. In the diverticle above the constricted intestine was a small circular spot of abraded mucous membrane surrounded by a narrow margin of pus and lymph.

W. W., had for years been subjected to frequent and severe attacks of colic, and on his yearly journeys to England, when sea-sick referred his distress to a point of the abdomen which would correspond to the locality of the constriction. The only cause of occlusion appears to have been the pressure from above and below upon the constricted intestine by the distended portions.

Dr. Workman wished to know what practical conclusions Dr. C. drew from the treatment of the case.

Dr. Cameron suggested long-continued application of galvanism in the treatment of obstinate constipation.

Dr. Graham said that he had a case in many points resembling that of Dr. C's. His patient has attacks of obstipation from which he recovers—does well for a while, then is suddenly attacked with severe pain, and constipation; enemata afford relief until another attack supervenes; the enemata are administered by a stomach-pump, the long tube of which is passed about 12 inches into the bowel.

Dr. Riddel related a case of a young child who



was troubled with constipation, whom he found one day rolling in great agony and apparently about to die if speedy relief was not afforded; the rectum was cleared of its contents, and a large-sized catheter introduced, but the nozzle of the syringe not fitting to the catheter, Dr. R. administered the enema by using his mouth as a syringe, applying his lips to the catheter and forcing in the injection, believing in this way that he saved the child's life.

Dr. Wilson, of Stouffville, related the case of a man who fell off a load of wood and dislocated the ulna outwards, leaving the radius in situ; under chloroform he reduced it by seizing the ulna and drawing it backwards and inwards; the accident happened two weeks ago and the patient is now doing well.

Dr. Burns referred to a former communication of his on rhus toxicodendron, insisting upon the efficacy of strong brine in the treatment of the rhus eruption, and illustrated by drawings a means of recognizing the plant.

Dr. McPhedran stated that he had been induced to try a solution of 15 minims of bromine to the ounce of olive oil.

October 21st, 1880.

The meeting was called to order at 8.20. Dr. Oldright in the chair. After the minutes of the last meeting were read and adopted, Dr. Sheard was duly elected a member of the Society.

Dr. Cameron exhibited a placenta which was affected with calcareous degeneration. Two years previously the woman had miscarried. She went to her full time on this occasion and had given birth to a well formed, vigorous and healthy child.

Dr. Riddel exhibited some portions of a cancerous liver, with a large gall stone, with the following history:—On the 24th of September last, saw Mrs. —, æt. 52, thin, without appetite, insomnolent, skin deep greenish yellow color, constipated, urine of a deep greenish yellow color and strong odor, great pain in right hypochondriac region in front, and behind in the left. A hard painful tumor was felt just below and apparently connected with the right lobe of the liver. After taking some laxative pills she had two free passages of blood and corruption, and the tumor became smaller and softer. Her condition did not improve and she died on the 12th inst. 25 hours after death the autopsy showed old adhesions of the right lobe of the liver to the peritoneum. The surface was rough, like cartilage in color and consistency; the peritoneum at the lower and posterior border was found to form the anterior wall of a large cavity which was partly empty; the intestines in the neighborhood were agglutinated. No gall bladder was found, but on the under surface of the right lobe of the liver was found a large gall stone,

slightly imbedded in the liver. The spleen was normal.

Dr. Riddel also related the following history of a case of dislocation of the radius upwards and forwards:—A boy, 7 or 8 years of age, fell on the 30th of July last, injuring his arm; it was examined and put up by a medical man, who pronounced it fractured and sent the boy to the hospital, where he was directed to return home, and the next day two young men gave chloroform and put the arm up in splints. After making the father sign a document exonerating the doctor from all mishaps or accidents occurring to the arm while under treatment, he saw the arm at 9 p.m. of the 31st. The arm was almost straight, in longitudinal paste-board splints. After examining it he could find no fracture, but put the arm up in rectangular splints. August 20th, removed the splints and found no evidence of recent fracture. The boy had but little power over the arm. On the 24th it was noticed that flexion, extension and pronation were absent, and wrist drop present, and on examination the head of the radius was found dislocated forwards. On the 25th, under ether, the radius was reduced by rather forcible extension from the wrist and pressure upon the head of the radius. After reduction, the arm was put in longitudinal splints and allowed to hang down by the side. The splints were removed on the 16th of September; the head of the radius was in position, but there was loss of power over the muscles of the hand and forearm; by the application of friction and passive motion, this condition has gradually passed off and the arm is now greatly improved and bids fair to be as good as ever.

Dr. Carroll asked if a guarantee such as Dr. R. had caused to be signed was really any protection; he said that he had been informed that it was not.

Dr. Cameron said he believed that a guarantee protected one from the natural ill results of the accident or injury, but did not protect one from the results of carelessness. In relation to the case at present under discussion, Dr. Cameron said that he had seen it in consultation before it went to the hospital and had diagnosed dislocation outwards and backwards of the radius, but no fracture; he expressed no opinion, but asked for a consultation with an older practitioner. He explained the discrepancy of his diagnosis with that of Dr. R., by referring the change to the manipulation the arm had in the meanwhile undergone.

Dr. Oldright referred to a case of his, in which the radius was dislocated backwards, and was reduced four weeks after the accident; the arm was stiff, but frictions recovered some motions.

Dr. Graham, the other day, had a case of a boy, 6 years old, with an unreduced dislocation of both bones of the elbow inwards, of seven weeks' standing; flexion to a right angle was utterly impossible.

Dr. Canniff would like to know if the opinions

of Drs. Riddel and Cameron could not in some way be reconciled. Also as to the paralysis; was it due to a nerve lesion or to long confinement and unuse of the limb? In these cases the hand should be left free before the splints were taken off, and passive motion early induced.

Dr. Graham related a case of cancer of the stomach, in which a man had vomited some cranberries in June and August. In October, 1879, he had eaten some cranberries, and from that time he dated all his dyspeptic symptoms, and states positively that he had never, since October, 1879, taken cranberries. The berries were in a good state of preservation.

Dr. Cameron wished to ask the Society what was the proper course of treatment in irritant poisoning by shellfish. He had a family who sent for him early this morning, all suffering more or less from gastro-enteritis, the result of a lobster supper the night before. He had given sulphurous acid, with a view to check the further growth of any fungus which may have been in the lobster at its ingestion.

Dr. Workman then occupied the chair for a few moments, when Dr. Oldright reported the following case:—A. H. was suffering from violent abdominal pains. In two or three days she so far recovered as to be able to walk a considerable distance. The next morning she had a relapse, though the symptoms were not alarming. The following morning she was found dead. A post mortem was held, with negative results. The intestines were injected and somewhat glued together; no other signs of peritonitis; the heart walls were very thin; brain surface congested. It was thought that she died of cardiac syncope.

Dr. Riddel mentioned a case of death from syncope, where the brain was congested. Dr. Carroll wished to know if a person might not die of nightmare.

Dr. Graham then related the following history:—A. H., æt. 67. Family history good, said to be of temperate habits. Nine years ago complained of weakness of the legs, which slowly increased; in 1879, dull pains across the front of the thigh and forearm, extending down to the toes and fingers; the right leg is the worst. Six weeks after the appearance of these pains, was prostrated by what he calls nervous fever, which left him paralyzed on the left side. He is a large, powerful man, with difficulty of articulation; if supported, walks with a peculiar gait; no paralysis at present; tendon reflex well marked; eyes prominent; pupils contracted; has had diplopia.

Dr. Graham then read a paper upon disseminated sclerosis. He entered upon the subject by giving the history of the following typical case:—Mr. P., æt. 45. Family history good, by occupation a farmer; had an attack of inflammatory rheumatism and enteric fever eight years ago; four years ago

he had erysipelas of the face; the present disease dates from that time, and began with shooting pains about the knuckles and stiffness in the fingers of the left hand, vertigo and failure of his voice. He is a tall, thin man; eyes staring; left hand and arm weak and stiff; no wasting; stiffness due to muscular contraction. The right leg has been affected in the same way, the pain following the course of the sciatic nerve. Has muscular tremors, rhythmical in character, increased by excitement and exertion. Speaks in a peculiar drawing manner; intellect and memory failed greatly; peculiar gait. He was treated by constant current and iodide of potassium. He then took up Charcot's division, according as the sclerosed patches were situated in the brain, the cord, or both. In the first or cerebral form, there are vertigo and mental disturbance; in the spinal, tremor, contraction and paresis; and in the cerebro-spinal, a combination of the symptoms of the other two. Then taking up the various symptoms, he showed how to diagnose between the tremors of sclerosis, paralysis agitans, and the choreic movements. The affections of the eye are indistinctness, diplopia, and nystagmus. The speech is drawing, and a pause between each word. Vertigo, according to Bristowe, is an early and frequent symptom. Paresis, particularly of the lower extremity, is early, and is dependent upon the situation in the cord of the sclerosed patches, and gradually increases until complete paralysis ensues. Contractions are spontaneous or due to sudden excitement; occur at intervals, which become closer, until perfect contracture remains. Charcot divides the disease into three stages: from the first appearance of the symptoms until rigidity; from this to failure of nutritive functions, and from thence till death. During the course of the disease, apoplecticiform seizures are common and often fatal. They differ from true apoplexy, as in the latter the temperature falls, in the former it rises. The disease generally comes on between the ages of 25 and 30, is more frequent in females; is caused by exposure, hardships and moral influences. The prognosis is very gloomy. The sclerosed patches are due to chronic cerebritis; small at first, they extend and are generally found in the white matter. The nerve elements are wasted and supplied by a hyaline and granular matter. The tremors are, according to Charcot, due to the denuded condition of the axis cylinders, which are deprived of their medullary sheath.

Dr. Canniff then read a resolution, passed at the late meeting of the Dominion Medical Association, relative to Public Health Legislation, and after a short discussion, it was moved by Dr. Winstanley, seconded by Dr. Robinson, and carried unanimously,—"That the Toronto Medical Society heartily endorses the Resolution of the Dominion Medical Association, in regard to public health legislation."



## ELGIN MEDICAL ASSOCIATION.

A regular meeting of the Elgin Medical Association was held at St. Thomas on November 24th. Present:—Drs. Going, Williams, Vanbuskirk, McLay, D. McLarty, Tweedale, Sinclair, C. McLarty, W. E. Smith, Cross, Kains, Fulton and R. W. B. Smith.

The first order of business was the reading of the inaugural address of the President, Dr. F. B. Going, of St. Thomas. The address, which was most suitable for the occasion, referred to the objects of the Association and exhorted the members of the profession to take a lively interest in its welfare. One paragraph from the address was, "I think it is needless to enter much into the relations we owe to one another in our daily practice, as we have fully laid down in our code of ethics the course we should pursue, and which, if fully and conscientiously carried out, should enable us at all times to meet our brethren on the most friendly terms and rise above the little jealousies that are so apt to separate us, one from another, and which our friends outside the profession are but too glad to magnify and increase."

The address was highly appreciated by the Association, and a cordial vote of thanks tendered to the President for the same.

Dr. Vanbuskirk read an interesting and elaborate paper on "The Etiology and Pathology of Puerperal Fever." The discussion which followed was taken part in by all the members present, and the pleasant interchange of opinions which followed added largely to the interest of the meeting. The paper was well received, and Dr. Vanbuskirk was the recipient of the most cordial thanks of the meeting for his contribution.

The Secretary read a communication from Dr. J. E. White, of Toronto, regarding the formation of a Provincial Medical Association.

Dr. W. E. Smith moved, and Dr. Vanbuskirk seconded,—“That in the opinion of this Association, it is desirable to recommend the formation of a Provincial Medical Association, in accordance with the objects stated in the communication of Dr. White.”—Carried.

Dr. D. McLarty, of St. Thomas, was appointed to read a paper at the next meeting, which will be held at St. Thomas on Wednesday, January 11th, 1881, at 2 p.m.

R. W. B. SMITH, *Sec.*

## CATARAQUI MEDICAL SOCIETY.

The monthly meeting of the above society was held at the residence of Dr. Dupuis, the following members being present: The President, Dr. Dickson; Drs. Dupuis, Sullivan, A. S. Oliver, Phelan, McCammon, K. N. Fenwick, Dunlop, Middleton, Henderson, and Montgomery.

After the minutes of last meeting were read and adopted. It was moved by Dr. Sullivan and seconded by Dr. Dunlop, that the Executive Committee be requested to submit to the next meeting of this society any amendments to the present tariff that they may think necessary. Carried.

Dr. Henderson then read a paper on "Therapeutics," illustrating his remarks by the most recent appliances for the treatment of Catarrh. Drs. Sullivan, Dupuis, and Oliver commented at length on the remedy mentioned, and obtained very favourable results from its extensive use both in private and hospital practice.

Dr. Fenwick exhibited a galvanic cautery apparatus and showed a patient upon whom he had operated with great success. Dr. Sparks, of Kingston, and Dr. A. Kennedy, of Bath, were proposed and elected members of this society, and Dr. Phelan was requested to prepare a paper for the next meeting.

Dr. McCammon invited the society to hold their next meeting at his residence, on the 1st Friday in January, and the meeting then adjourned, all feeling highly pleased with the innovation made by Dr. Dupuis, who has all along contributed very materially to the advancement of the interests of the society.

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### Selected Articles.

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#### THE USES OF IODOFORM.

Dr. Howard in the *Chicago Medical Review*, gives the following:—

The value of iodoform as a topical application has been before the profession for a considerable time, but I am convinced that it is not even yet appreciated by the majority, who have a rather indefinite idea that it is useful, and a very imperfect notion of the extent and scope of its usefulness. My own experience with this agent has been so satisfactory that I have come gradually to look upon it as the very best at our command for the healing of ulcerated, eroded, granulated and

abraded surfaces, which have for any reason too little inclination to take on healthy action, and which, therefore, require some alterative or stimulative impetus. I shall, therefore, designate, in a few words, some of the conditions in which I have found it useful.

#### CHANCER AND CHANCROID.

Take iodoform 100 parts, sugar of milk 200 parts, thymol 1 part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glands and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full with this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily, about three applications will be required every day, for the first two or three days, then as healing continues, they may be continued less frequently. A fair trial of this method, I am certain, will convince any one of its superiority.

#### HERPES CIRCINATA, HERPES ZOSTER, AND HERPES OF THE PREPUCE.

Dissolve one dram of iodoform in one-half ounce of the oil of eucalyptus, and paint the diseased surface with this solution. Two or three applications will usually affect a cure.

#### GRANULATED LIDS.

Apply iodoform and sugar of milk, one part to five parts, directly to the everted lids with a soft brush. This occasions no smarting or pain, and often cures cases of months' standing in two or three weeks. The thymol should not be used in these cases, as it irritates and produces pain.

#### GRANULAR PHARYNGITIS.

The same powder as indicated for chancre and chancroid may here be employed with an insufflator, thoroughly, at bed-time. The most obstinate cases will often yield promptly to this course.

#### CHRONIC ULCERS OF THE LEG, CRACKED NIPPLES, AND ALL KINDS OF INDOLENT ULCERS WITH RAISED EDGES.

Prepare an ointment containing one-half drachm of iodoform in an ounce of cosmoline, and apply frequently, after having previously thoroughly cleansed the parts. The well known and popular addition of the balsam Peru to this ointment masks the odor and adds to its value. I would add that the above is an auxiliary, not a substitute, for the ordinary methods of applying pressure, such as strapping and bandaging, which should not be omitted.

#### UTERINE CATARRH.

For uterine catarrh, or, as it is improperly called, endometritis,—I refer to those cases in which there is congestion, and a consequent discharge, with some enlargement, and an erosion extending up into the canal—I employ a suppository, which is made and applied in the following manner: Mix one-half drachm of finely powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment jar. I have a thin silver tube about one-fifth of an inch in diameter, with a closely fitting piston. This tube is about eight inches long. When a suppository is needed, I retract the plunger or piston to a point from the distal extremity of the tube, corresponding to the length of the required suppository. Then fill the lower open end of the tube by plunging it again and again into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the cervical canal and force it out by pushing in the piston. The suppository will then be in the desired place. Five grams of the iodoform may be used at a time; this melts and takes effect at once, and causes no pain.

#### FISSURE OF THE FEMALE URETHRA.

This troublesome and intractible ailment yields promptly to the use of the same suppository which I have advised for uterine catarrh. Their use is commonly followed by the disappearance of those symptoms which are always associated with fissure of the urethra, and which so often lead to the false diagnosis of cystitis.

#### GONORRHOEA IN THE MALE.

The same suppository, made in the same manner, and applied with the same instrument, may here be advantageously employed, care being taken to pass the suppository above the inflamed part. This treatment of gonorrhœa I have used for nearly two years, and can testify to its great efficacy. It is a suitable substitute for injections, and is more sure in its effects. The application should always be made by the doctor, when possible. I have been pleased to see that Mr. W. Watson Cheyne, in a late number of the *British Medical Journal*, contributes a very definite testimonial to the value of urethral suppositories, or pencils, in the antiseptic treatment of gonorrhœa. I would, however, give the preference to the method of preparation and application which I have here described, as being simpler, and, perhaps, more effectual than his. It must be remembered that the popular addition of Balsam Peru in these suppositories is objectionable, by reason of its irritating qualities.



## SUCCESSFUL CASE OF PARACENTESIS OF THE PERICARDIUM.

In the *N. Y. Med. Record*, Dec. 11th, Dr. Roberts, of Philadelphia, reports the following case of successful pericardial tapping furnished him by the operator, Dr. R. L. Payne, of North Carolina, and his son, R. Lee Payne, Jr. As his researches previously published have enabled him to find but twelve instances of paracentesis of the pericardium done in America, he feels it important to record this previously unreported instance of an operation easily performed, and not infrequently demanded, but usually considered as one requiring complicated apparatus for its accomplishment.

On July 1, 1880, E. P——, a colored man, about fifty years of age, consulted Dr. Payne and his son for dropsy. He had been treated ten years previously for a dropsical condition, but from this he recovered. In the spring of this year he had had a return of his trouble and now came for treatment. Examination showed the following conditions: Great œdema of the lower limbs, and considerable effusion in the subcutaneous cellular tissue, except upon the face. There seemed to be no ascites. He stated that he had had great difficulty in breathing, and that for two months he had not been able to lie down, but sat constantly in the open air. His respiration was so labored that it could be heard at a distance of a hundred yards. Physical examination of the chest revealed, by the usual diagnostic signs, a large accumulation of fluid in the right pleural cavity. No fluid was present in the left side of the chest, but some moist râles were heard in the left and at the apex of the right lung. The patient was expectorating some blood. The cardiac area of dulness was increased considerably, and the sounds were so muffled that it was almost impossible to distinguish them.

The diagnosis made was dropsy of the right pleura, and chronic pericarditis with effusion. The anasarca and hæmoptysis were considered as resulting from the heart-lesion.

He was placed on the fluid extract of jaborandi and the infusion of digitalis. At the end of a week there was no improvement, the suffering from dyspnoea was extreme, and death seemed imminent. As a last resort it was determined to aspirate the pericardium with the hypodermic syringe. The needle was introduced in the intercostal space between the fourth and fifth ribs, and previous to complete penetration of the intercostal muscles the syringe was exhausted of air. The needle was then pushed slowly and carefully on till it entered the pericardial sac, when the syringe was at once filled with a straw-colored fluid. The syringe was detached from the needle and emptied, and again applied and refilled with fluid. This was repeated until nearly an ounce of serum was withdrawn. That the needle entered the pericardium was con-

sidered certain, since it was seen that at every pulsation of the heart the needle made synchronous movements.

Great relief to the more urgent symptoms followed the operation, and the patient was able to lie a little lower than the half-recumbent position, which he had not been able to do for weeks. The dyspnoea was much relieved. Three days later the right chest was aspirated, a quart or more of fluid withdrawn, and the man thus enabled to lie flat in bed, breathe with ease, and sleep quietly. At the end of a week he was so improved that he was allowed to return to his home sixteen miles in the country. He was ordered infusion of digitalis with acetate of potassium three times daily. The patient was seen no more after this, but two weeks later he was reported as doing well, and was ordered to continue the same line of treatment. Four weeks later he died; but, as he resided some distance from Dr. Payne, the latter did not know of his death until a considerable period had elapsed. and then was unable to obtain accurate information concerning the immediate cause of the fatal result. Hence, no autopsy was obtained.

This interesting history illustrates what has so often been demonstrated, that the pericardium can be tapped with ease and certainty, and great relief given by the withdrawal of a comparatively small quantity of fluid. The use of the hypodermic syringe, which is practically a small aspirating pump, shows that no elaborate preparation or apparatus is required for the operation, which can be performed at any time with the ordinary appliances carried by every doctor. This instrument has been satisfactorily used in a similar manner by Dr. Porcher, of Charleston, S. C., and Dr. Paul, of Philadelphia. The case should be considered a recovery after paracentesis, for the symptoms were alleviated and the patient discharged from personal supervision.

Ordinarily, in cases of coexisting pleural and pericardial effusion, I would prefer to aspirate the pleura first, especially if there was a large quantity of fluid in that cavity.

This instance makes the thirteenth operation for paracentesis of the pericardium that has been performed in America, as far as I have been able to learn after diligent search for a number of years. Of the thirteen patients operated on, six have recovered and seven have died. The names of the operators, as taken from my paper read before the American Medical Association, and from my recently published monograph, are as follows: Warren, Norris, Lyon, Welch, Smith, Pepper, Douglas, Porcher, Paul, Staples, Porcher, Abbott, Payne. The operation, it will be seen, has been performed by Porcher twice.

It is to be hoped that others will follow the example of Dr. Payne, and not allow a patient to die from pericardial effusion because no aspirator is

obtainable. The hypodermic syringe has almost superseded the exploring-needle as an instrument for diagnostic purposes, and, as is here seen, acts well in all cases where fluids are to be evacuated. I, myself, never think of using the old-fashioned grooved exploring-needle, but always prefer utilizing the greatly superior suction action of the hypodermic syringe, and have frequently employed the latter instrument in emptying small collections of fluid, such as are found in cysts and abscesses. In the case of suspected aneurism, the withdrawal of a few minims of blood with the hypodermic syringe will establish a certain diagnosis and enable the surgeon to act intelligently in the premises. It was first used in pericardial effusion, I believe, by Dr. F. P. Porcher.

### ANTHRACÆMIA—WOOL SORTER'S DISEASE.

For several years past the attention of our professional friends in England has been attracted to a serious form of sickness prevailing to a considerable degree among operatives employed in woolen mills, the study of which has notably been made a point by Dr. Bell and gentlemen practising near Bradford. Some months ago a committee was appointed by the Medico-Chirurgical Society of that city to investigate the matter, and recently four typical cases have been reported, in which the result of post-mortem examination leaves no room seemingly for doubt as to the existence of this peculiar affection, and that in all probability it is due to blood-poisoning by the so-called *Bacillus anthracis*, a low form of bacteria, presumably contaminating the wool, and which gains entrance to the blood of those affected through the likeliest channels,—the lungs or stomach. Wool from which yarn of varying character is made, and which is used in whole or in part in the production of a long line of textile fabrics, is gathered from the ends of the earth, and when received is frequently very dirty, the Continental grades being especially impure. The ordinary method of sheep-washing previous to shearing is more of a habit than a success, and consequently, before the process of manufacture into yarn, wool has to be thoroughly scoured after reception at the mills, either by hand or by machinery. The impurities found in the fleece consist largely of earthy or vegetable matter, depending on the nature of the pasturage and shelter of the flock; but there is also at times animal matter,—the “tick,” for example,—with scales or scabs from the epidermis of the sheep, together with more or less oily material. Diseased sheep or goats may be rejected as unfit for food, but the wool or hair is all the same secured for market. Now, before scouring, the wool is “sorted” into long or short fibre, fine or coarse, etc., quality of stock determining large-

ly the ultimate product. This is done by hand in well lighted rooms, which are kept at a high temperature, especially in the cooler months, and it is here that the majority of cases of anthracæmia originate; but some have happened in operatives exposed only in departments after the material has been scoured, in which condition it is usually clean and white. A much better method is being tried, by which before sorting, the wool is treated with benzine, which not only cleans it of dirt, but also must destroy all bacteria. The caution requisite in this process, and the high insurance, unfortunately operate against the plan, but time and necessity will doubtless remedy these disadvantages.

The symptoms so far recognized are violent cephalalgia, often unilateral, fever intensifying in its progress, severe pleuritic pain, crepitant inspiratory rales, and finally free diarrhœa. The differential diagnosis between anthracæmia and typhoid fever is clear, and ordinary care only is requisite to distinguish them. Cases have been complicated with malignant pustule from inoculation by scratching pimples or abrasions, especially about the face, and in such instances the neighboring lymphatics have become greatly enlarged. The prognosis is bad, and treatment is, as yet, apparently unsettled.

Post-mortem investigation shows softening of the bronchial glands, and large accumulation of fluid in the pleural cavity particularly, but also in the abdominal. The intestines, beyond injection and low inflammatory signs, give no evidence. The glands of Peyer are not softened or ulcerated. *Bacillus* is abundant in the fluids of the closed cavities, in the viscera, and in the blood. Inoculation of blood containing this form of bacteria in the lower animals, as tested in the mouse, rabbit, and guinea-pig, produces the disease, death supervening in from thirty-six to seventy-two hours. Decomposition is rapid, especially at the site of puncture in the case of inoculation.

My attention was called to this subject from having during the summer, treated two obscure cases of illness in wool-sorters, resembling very much the affection described, and which, though they recovered, induce me to refer to them with a view to further investigation by gentlemen of the Society who may have an interest in the subject. Their sickness was precisely as above described. The period of incubation, so far as known, was about ten days, the acute duration two weeks, and as much more time for convalescence was required. The treatment was expectant,—large doses of cinchonidia sulphate for the bronchial disorder; opium and carbolic acid for the diarrhœa; tincture of iodine painted externally for the pleuritic pain. There was no tendency to a relapse. Another patient (a driver), who handled bales of wool continually, succumbed after leaving my care from what was certified as phthisis, but which very



likely was anthracæmia. Under the circumstances I was debarred from suggesting a post-mortem. Through the courtesy of my brother, Mr. James D. Blackwood, who is engaged in the manufacture of woollen and worsted yarn, I have examined a great variety of wool, domestic and imported, and also the residue left after scouring. The high temperature and caustic soaps and alkalies employed in washing, destroy all traces of bacteria, if they exist in the wool before undergoing that process, and, although cold water in which wool has been thoroughly soaked frequently contains these organisms, I am not yet satisfied as to the origin of them, neither have I been able to obtain accurate information as to the *Bacillus anthracis* other than from allusions to it in the English medical journals, but I hope to be better posted shortly through friends who are interested in the subject in England. I learn from my brother that, aside from domestic supply in our city, foreign wool is imported only of English growth and from Australia, all of which being comparatively clean may account for the non-appearance of anthracæmia in this country as yet. The supply from Persia, Algiers, and Barbary is exceedingly foul, but to his knowledge is unknown in America, although large quantities of these grades are handled abroad. In view, however, of the extent and increasing business in woollen production in this country, and the probable development of this disease as a sequence through a greater demand for foreign material, it becomes our duty and our interest to unravel any entanglement which may confound anthracæmia with obscure disorders in those exposed thereto, and isolate this intruder if it be an entity, in preference to looking upon anomalous diseases in these people as hybrid,—a condition which I for one do not believe exists in pathology.—*Dr. Blackwood, in Medical Times.*

## DIABETUS MELLITUS.

CLINIC BY PROF. FLINT, NEW YORK.

It is customary in nosology to consider this disease among the diseases of the urinary system. It is obvious enough, however, that it does not belong there. The presence of sugar in the urine is simply an effect of the presence of sugar in the blood. But the disease is classed among diseases of the urinary system for convenience, because our knowledge of its essential pathology is not sufficient for us to place it elsewhere, unless we consider it among diseases of the blood. Some think that the examinations *post mortem* have been sufficient to show that there are certain changes which substantiate the ground of its being a disease of the cerebral centres. The pathology of this disease is a matter for continued investigation. It

is a fair inference, from the success of dietetic treatment, that the pathology involves some defect or vice in the process of assimilation—that is to say, we have sugar in the urine, because the sugar which is taken with the food, and the starchy substances which enter into food, do not undergo their normal changes in the process of assimilation.

Now, as regards the diagnosis, the disease is very apt to be overlooked—not from any difficulty in the diagnosis, but because attention is not directed to an examination of the urine for sugar. If we have a patient passing a large quantity of urine, complaining of thirst, of course we examine the urine for sugar; but we do not have this greatly increased quantity in all cases; and instances have occurred repeatedly under my observation in which the disease has been overlooked for a long time, because, although the urine may have been somewhat increased in quantity, the patient attached no importance to it, and the attention of the physician was not directed to it, and it did not occur to him to direct his own attention to it. We should be on the lookout, then; in cases where there is any room to suspect this disease, we should examine the urine for the presence of sugar.

There is a characteristic odor of the breath, which it did not occur to me to observe before the patient went out—a kind of mawkish sweetness of the breath, which I can compare to that of chloroform perhaps. It is so distinct that it can hardly be mistaken when it is present.

Some time ago I saw a patient with a pulmonary affection, and in examining the chest I caught the breath. I said to the physician whom I met in the case that the patient had diabetes, and he was greatly surprised. It had not been suspected, but on enquiry I found that some months before the patient had been passing large quantities of urine, but it was supposed to be due to nervous exhaustion, and the urine was not examined; of late, however, there had been no increase in the quantity of urine, and so it had been tested only with reference to Bright's disease—for the presence of albumen, that for the specific gravity. The specific gravity was not above that of health, and so one of the physicians said, "How is it possible for the patient to have diabetes, when the quantity of urine is not increased and the specific gravity is not heightened?" Well, such a thing is very possible. On examining the urine, sugar was found. This is a very important fact in connection with the prognosis. The pulmonary affection destroyed that patient, as any serious affection is apt to do when it occurs in the course of this disease.

I will mention a case which will illustrate the importance of examining the urine, even though we have scarcely any ground for suspicion. In women, an eczematous eruption about the urethral orifice is very apt to be the result of the presence

of sugar ; and, if this be complained of, it should lead to an examination of the urine. But a gentleman came to me some two months ago, apparently in perfect health—a man weighing about two hundred and fifty pounds, and said, “I have come to see you, perhaps upon a very trivial matter, but still it has occasioned me some annoyance.” It was simply this, that he had a curious sensation in the meatus of the penis, which he described as an itching sensation—not at all connected with sexual excitement ; not at all connected with an erection of the organ, but being sufficient to cause considerable annoyance. I thought at first that it was a trivial matter, and told him so, and was very near making up some prescription, more to satisfy him than specially to relieve him, when it occurred to me that I had better examine his urine. I did so, and found it loaded with sugar. In that case the patient was not aware of any increase of thirst. In fact, he had nothing except that slight itching sensation to attract attention to the existence of the disease. That proved to be a case of diabetes, and I speak of it now because this was an important fact of temporary duration. On placing this patient on an anti-diabetic diet, in the course of a month—yes, within less time than that, within two or three weeks—the sugar entirely disappeared from the urine, and since then he has been free from the disease, and has returned to his ordinary habits of life. We meet with cases of that kind.

So much, then, for the diagnosis, and I would like to impress that upon you, for I know that some medical men have lost the confidence of their patients by not having discovered this disease early. I have an instance in my mind now, in a case which is under observation, where the patient feels great dissatisfaction toward a medical adviser, feeling that she had this disease for months before any examination of the urine was made. So that we should examine the urine for sugar whenever there is the slightest ground for suspicion. It is a good plan in all cases, when examining the urine, to test it for sugar ; it costs but a few moments of time, it is easily done, and you should not fail to do it, especially if you find the specific gravity high.

Well, now, with regard to the *prognosis* and *treatment*. Diabetes is generally regarded by medical men as a disease which offers very little in the way of favorable prognosis and treatment, and it seems to be confessed that in a very large proportion of cases a permanent, radical cure is not effected. But this may be done in a pretty large number of cases ; the disease may be kept in abeyance without sufficient derangement of the habits of life to impair the general health, or to be considered by the patient a very great hardship. And this is especially the conclusion which I have reached after considerable opportunities of observation within the last few years. It has so happened that quite a large number of medical men

in this neighborhood, within my knowledge, most of whom have seen me, have suffered in this way. I could mention six or eight medical men who, within the last two years, have suffered from this malady ; and several of these now consider themselves in perfect health, but, not considering it a burden to consider the dietetic treatment which resulted in their present favorable condition, they still follow it.

The treatment is emphatically dietetic. There have been a great many remedies proposed from time to time, recommended as having control over this disease. Now I am not prepared to say that there are no remedies which do exercise more or less control over it. But we should commit a grave error, and act very much at the expense of the prospects of our patients, if we gave any remedy which rendered them less careful in attending to the dietetic treatment of their cases. This treatment consists in withholding from the food almost entirely (for entirely we cannot) sugar in any form, and all the starchy constituents of diet capable of being transformed into sugar. That is the principle. Well, if we merely state that to patients, and tell them they must not eat sugar, they must not eat starch, they will not be able to carry it out. In the first place, it is not likely they will know enough of the subject to carry it out, even if they were so disposed ; and, unless we go further, and are very careful as regards details, we shall find that the elimination of these constituents of the food will not be done ; they will not tolerate it. If we are to succeed, we should give appropriate attention to the preparation of the food, the number of articles which the patient should be allowed to take, and the variation of the food from day to day, to make this anti-diabetic diet satisfactory to the patients—that is, satisfy their appetites and the purposes of nutrition. This can be done, and, if it is done, the patient carries out the treatment, because it is no hardship to carry it out ; and the treatment is to be carried out not for a few days, or a few months, but for an indefinite period—for years, and perhaps during the whole of life.

How is this second object to be effected ? We must place before the patient a list of all the articles of food which are to be avoided, specifying them—not contenting ourselves with the statement in general terms, but specifying, on the one hand, all the articles of food which he must not take ; and, on the other hand, all the articles of food, animal and vegetable, and so on, which he may be allowed to take. He should have such a list before him, and such articles should be selected from the allowable ones as to make a variety from day to day, and so prepared by the artifices of cookery as to render them satisfactory. It can be done, but it requires patience, and it requires care on the part of the patient or somebody else, and it



requires some means. A very poor man, who has no one to look after these matters for him, and who has not sufficient means to obtain all the articles of food which are desirable, will find it very difficult to conquer this disease; and in certain public institutions—this hospital, for instance—it is very difficult to carry out the proper dietetic treatment. It requires so many things and so much attention to details, that the dietetic treatment is very unsatisfactory in public hospitals.

The article of food which will cause most trouble is bread, and diabetics realize the force of the statement that bread is the staff of life. Frequently they say at first that they care little for bread, and can get along without it with no trouble, but they do not find it so after a while. They find that there is a craving for bread, and they feel that they cannot do without it. So there have been various substitutes for it. There is what is called the diabetic flour, which is bran very finely ground so as to divest it of all rough particles; but it has no nutritive quality whatever. It is really no better than sawdust, so far as nutritive value is concerned, and the patient adheres to it only a short time. For the past two years the patients that I have seen have been in the habit of using a bread which, so far, seems to be very satisfactory, but it is not entirely divested of starch. It is what is called gluten bread, prepared by the Health Food Company, corner of Tenth street and Fourth avenue, of this city. Analysis shows that it is entirely divested of starch; but it is so prepared that it is not deprived of the agreeable qualities of ordinary bread. Last winter I brought a loaf of that bread before the class and distributed it. I liked it to eat myself, finding it by no means disagreeable; and patients take this bread and it meets their wants—thus removing a great obstacle to the successful dietetic treatment of this disease.

I do not deem it necessary to go over the entire list of these dietetic articles. You will find them by reference to different works. But the thing to do is to go into minute details with the patients; explain to them fully just what must be done.

Well, now, after they enter upon this course of treatment, in a very considerable proportion of cases the sugar diminishes at once, and sometimes it speedily disappears. Of course, we should examine the urine from time to time, to determine its condition as regards the presence of sugar and the amount of sugar. This treatment does not cause a disappearance of the sugar in all cases. I have a patient under observation now, whom I saw for the first time about three weeks ago—a young, thin, intelligent man, who, I have reason to believe, adopted the anti-diabetic treatment, and has carried it out fully. I prescribed no medicine at first, and that has been my custom, in order to see what the dietetic treatment will do of itself. In this case, it has accomplished very little so far.

And this case, I am led to fear, therefore will be one in which we cannot expect much success from treatment of any kind. If the dietetic treatment does not succeed, we have no other resources—that is, no medicinal remedy yet known will succeed. It may have a certain influence over the disease, but it will not effect a cure. Then, I could mention other cases. A gentleman whom I have seen now for two years, who until lately has taken scarcely any remedies, but has carried out the dietetic treatment very faithfully, presents urine which gives no evidence of sugar whatever. He retains his strength, mentally and physically; he is a man of great activity, being engaged in business involving large responsibility, able to go on with it, and finding the dietetic treatment perfectly satisfactory—finding it no hardship.

Now, as to medicines, as I have said, a great number have been proposed from time to time, have been tried a short time, and then have passed out of use, others taking their place. This patient is now under my own care here. He is under treatment with the sulphide of calcium, a fifth of a grain three times a day, together with the dietetic treatment so far as it can be carried out. With regard to this sulphide of calcium, one patient, a medical man in this vicinity, who suffered from this disease, consulted me about three years ago, at which time he found that he had diabetes, adopted the dietetic treatment, relinquished his duties in town, which were exceedingly laborious, and went into the country; and his urine after a time showed no evidence of sugar. When I saw him last, which was a few months ago, I had never seen him look better, and he said to me that he had never felt better in his life. And, by the way, as an evidence that this disease may have existed for some time before the patient's attention has been directed to any disease, this has been said to me over and over again by patients, even when the urine still contained sugar; they were not aware that they had any disease, as they felt much better than they had for months, perhaps for years before. They would not be aware that they had any disease, were it not for a chemical examination of the urine. If they could put that out of view, they would not have the consciousness of having any disease at all. This gentleman who was a very able practitioner, was led to use the remedy which I have just mentioned from finding it recommended, as he told me, in some medical journal. He has the impression that the sulphide of calcium had considerable to do with his apparent cure. Well, I am free to say that, when I talked with him about it, my own belief was that he was apparently cured by the dietetic treatment, and by a change of habits of life, the avoidance perhaps of some excesses. In our present patient, for instance, we might perhaps say with propriety that probably his dissipated habits brought on the

disease ; but we find it occurring in persons whose habits of life are good as often, and, perhaps, oftener than in those who are dissipated. At all events, I was not prepared to commit my own mind to the enthusiastic idea which he entertained of the value of that remedy.

To one patient who came to see me I stated these facts with regard to that remedy, and I said, "If you feel no objection, I will prescribe it for you." This was a case in which the dietetic treatment had been extremely successful ; and most of the time there was but very little if any sugar in the urine. I told the patient that the remedy in question would do no harm ; that I thought I could say that. He said, "well, let us try it." I put him upon the remedy, beginning with small doses, and increasing them. I began in his case with an eighth of a grain, but I think we might begin with a quarter of a grain ; in other cases I have begun with a quarter of a grain three times a day, after a fortnight doubling it, going up to two grains, and continuing it indefinitely. Well, this patient went on in that way, and he is very much impressed with the idea that it has been of use to him. Now, we must make some degree of allowance with regard to the opinion of the patient as to the effect of the remedy. I do not mean to say that the remedy has not been of value, but I do not feel as certain as the patient does with respect to its value. I am also prescribing the same remedy in three or four other cases, but the period during which it has been used is too short, I think, to enable one to form a correct judgment with regard to it. I shall certainly continue the use of the remedy, for it can do no harm ; and moreover, it is a gratifying thing to the patient to be taking a remedy which he supposes may be of use. The moral effect of remedies, as people's views are now, is by no means inconsiderable ; it is a factor which we cannot altogether ignore in the treatment of disease.

This disease, I believe may be kept in abeyance indefinitely, by appropriate dietetic treatment, and I am extremely doubtful whether a patient can ever properly consider that there is a permanent recovery. The disease in itself does not tend to destroy life, but it shortens life in this way : it impairs the ability to resist other diseases. Let a diabetic patient have any disease of any importance, one which (the body being in good condition in other respects) will be well tolerated and recuperated from, it is likely to destroy the patient.

There is a liability to the occurrence of something to which attention has been directed quite lately, and this is a very interesting part of the subject, namely, the sudden occurrence of cerebral symptoms, causing sudden death. The fact has been known for a long time that diabetic patients sometimes die suddenly, and in a way not easily explained. Of late it has been supposed that the

sugar in the blood forms certain combinations by which a toxic principle is evolved, and that the action of this toxic principle on the nervous centres produces coma, with great embarrassment of the respiration and speedy death. I am not sufficiently intimate with the details now to go into the changes which are supposed to take place, and indeed I do not think that anybody has been interested enough to investigate them thoroughly ; but it is an interesting topic at the present time, and I have had some cases which illustrate it. Last summer a gentleman from one of the Southern States, a merchant, came on here to make purchases of goods. He brought a letter to me from a physician in his town, saying that he had diabetes, and that as he was coming to the city, he had desired him to call and see me, and talk about the case. The merchant sent the letter to me, saying he had taken a severe cold, but there were no symptoms that indicated anything important at all. I brought away a specimen of his urine. He thought he would be able to come up and see me the next morning. I said, "if not, I will come down and see you in the afternoon." I found his urine loaded with sugar. He did not come up in the forenoon, and I went down to see him. I found that he was not as well as on the day previous ; he had a little fever, which led me to think that he might have had a malarial paroxysm ; however, there was not enough disturbance at that time to demand particular advice. He did not feel well ; he had loss of appetite ; and while I was present, he had nausea and vomiting, and his cold troubled him. He had some soreness of the throat, but, as I say, there was no symptom indicating anything alarming. He felt exceedingly uncomfortable. I came back and asked my son, Dr. Flint, to go down and see him again in the afternoon and make some applications to the throat, more because he was a stranger and felt lonesome, and I thought I saw evidences that he thought something ought to be done. My son went down, and came back in a short time, telling me that the patient was in a very serious condition, and suggested the propriety of my going down, which I did at once, but the patient died before I reached the house. It seems that shortly after my visit he had a convulsion and went into a condition of coma. A physician in the house was called, and he thought there was cedema of the lungs, and applied dry heat to the chest. When Dr. Flint reached the patient, he was somewhat improved, but only temporarily, and he died in this comatose condition, with considerable embarrassment of the respiration. We had no autopsy in that case, but it is difficult to form an idea as to the cause of death, except as some unknown toxic change.

Another instance I can cite, which is nearly as strong as that, where I was called to see a woman who had had diabetes for six or eight years. She



was semi-comatose, and there was considerable embarrassment of the respiration. There was evidence of bronchitis, and nothing more; but the physician said, "This woman presents symptoms of a serious nature, and apparently she is going to die, and I do not know what she is dying of." And she did die that night.

Another case. The first of January last I was asked to go over to Jersey City to see a patient. I could not make my visit until evening, but made an appointment to go over then, and did so. When I reached the physician's house he said to me, "My patient is dead. There was no time to communicate with you, so I did not send a message." The facts were these in this case: The physician who was called had seen the patient on the street, knew him to be feeble (he was a man somewhat advanced in years), but he was not acquainted with him; never knew him until he saw him two days before his death. The physician was called to see him, and he was told by the patient that he had not been well for some time, but there was no definite ailment. He was passing water in considerable quantity, and the Doctor took away a specimen, and found it loaded with sugar. He ascertained then that the patient had diabetes which had existed he did not know how long. However, there were no symptoms occasioning an idea of immediate danger. The patient asked him whether he thought he had a serious disease. He said, "Yes, I must tell you that you have a disease of a serious character." He said, "Doctor, I asked that question because there are very important matters for me to arrange if I am in any danger." "Well," he said, "I hope you are not in any immediate danger; at the same time you have an important disease, and it is desirable for you to make any arrangement of your affairs that may deem proper." So this man, who happened to be a man of wealth, sent for his lawyer to prepare a will which he had not before executed. The next morning the Doctor went to see the patient, and the only thing that attracted his attention was that he looked rather dull, indisposed to exertion. By the way, he had examined the urine for albumen and evidences of renal disease, but with negative results. There was no disease of the kidneys, which sometimes occurs in connection with diabetes, under which circumstances the patient may die from uræmia. That is the termination of a certain proportion of cases. The Doctor's apprehension was not excited, but he said, "This is a case of importance, and I would like to have a consultation," to which consent was given. Under those circumstances I was sent for. The patient, as I said, was disinclined to exertion that morning, and would not execute his will, "because," he said, "I shall feel better to-morrow. I do not feel like it to-day." But before my consultation in the evening he fell into coma and died.

Here, then, are several cases, which within the last year have fallen under my own observation, going to illustrate this toxical incident occurring in certain cases of diabetes, which require further investigation, and form a very interesting part of the pathological study of this disease.—*Virginia Med. Monthly*.

TREATMENT OF SCARLET FEVER BY WARM BATHS.—W. V. Lush, M. D., Physician to the Dorset County Hospital, writes, in the *Lancet*:

In December, 1869, while we were experiencing a very severe epidemic of scarlet fever, there appeared in the *Lancet* a reprint of a letter by Dr. C. T. Thomson strongly advocating the use of warm baths in this disease, and stating that he had pursued the practice for fifteen years, and had never lost a patient.

In consequence of this communication I began this practice ten years ago, and have followed it up from that time to the present. At first I ordered the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides I reduce the baths to two or one daily. I find that (1) it brings out the rash, (2) reduces the temperature, and (3) soothes the patient; and when this treatment has been adopted at the onset I have not as yet lost a single patient.

In one case the warm bath was objected to till the child had been ill some days, and this case, and this alone, proved fatal.

My friend, Dr. Alfred Hollis, of Freshwater, has told me of the great comfort he himself experienced from warm bathing when suffering from the disease; and, of course, in the treatment neither medicine proper nor good nursing is precluded.

My ten years added to Dr. Thomson's fifteen make twenty-five years' experience of a treatment, which I can confidently and heartily recommend.

REMOVAL OF FRECKLES.—The following formula is said to be efficacious for the removal of tan and freckles:—

R. Hyd. bichlor.....grs. vj.  
Acid. mur. dil.....ʒ j.  
Aque.....ʒ iv.  
Alcohol.....ʒ ij.  
Aq. Rosæ.....ʒ ij.  
Glycerine.....ʒ j.

M. Apply at night and wash off with soap in the morning.

MOUTH WASH.—The *Nashville Jour. of Med. and Surgery* gives the following prescription:—

R. Acid Salicyl., Potas. Chlor.  
Sodæ Bisulph. ....aa ʒj.

Glycerine and Water.....aa ʒ viij.—M.

Sig. A teaspoonful to rinse the mouth every one to three hours.

# THE CANADA LANCET.

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TORONTO, JAN. 1, 1881.

## THE PAST YEAR.

The old year has gone and we are now entering upon a new one, with brighter prospects before us than in the past. The financial crisis which pressed so severely upon our people, and consequently upon our brethren in all parts of the country, may be said to have almost entirely vanished, and a new, and let us hope, a better state of affairs has dawned upon us. But while trade and finance seemed to have taken a backward movement, the progress in all that materially affects the well-being of our noble profession has been steadily advancing, and we now stand on a proud eminence and look forward hopefully into the great future before us, with renewed confidence, and with a stronger faith than ever in the great destiny of our noble art. Ours is not a profession which merely deals in drugs and potions to heal the sick and restore the maimed, but its aims are much higher and its sentiments loftier; for what can be nobler than the saving of life by the prevention of sickness? What more divinely patriotic than the husbanding of the life-blood of the nation? The attention which the members of the profession, from the highest to the lowest, are giving to State or preventive medicine, speaks volumes for their large-heartedness, their patriotic zeal, and unselfish devotion to the true interests of humanity. Both in season and out of season has this great subject of "Sanitary Reform" been pressed upon the attention of both the Local and Dominion Governments, by the members of the profession, united together, from both sides of politics; and although

no great amount of progress has yet been made, the way is being opened up, and sooner or later the much-needed legislation will be obtained. The public will have the medical profession to thank for all this, for no one outside of physic seems to take the slightest interest in this their greatest well-being, and the highest welfare of the country.

The usual annual gatherings of our professional brethren in all parts of the world have been larger, more interesting and instructive than ever before in the history of medicine. The annual gathering of the British Medical Association at Cambridge, was on a large scale of magnificence, and was attended by dignitaries of the profession from all parts of Europe and America. The various addresses were excellent; the work of the sections was carried on with great vigor and earnestness, and the social side of the meeting was in keeping with the event. A most interesting event of the meeting was the ceremony of conferring the honorary degree of LL.D. upon Drs. Brown-Sequard, Donders, Gross, Jenner, Gull, Burrows, Bowman, O'Connor, Lister, Simon, and Andrew Wood. All were well received except Dr. Gull, whose approach to the dais was the signal for a storm of hisses and groans from all parts of the house. This unfriendly demonstration was owing chiefly to the ignoble part Dr. Gull had taken with reference to his medical confrères in the recent trouble at Guy's Hospital. The American Medical Association held its annual gathering early in May, in the city of New York, on a scale of magnificence and grandeur never before excelled. The attendance was very large, and comprised most of the leading medical men in the United States. The contingent from Canada was larger and more representative than usual, and was well received. The annual address was delivered by Dr. Sayre, the President, in his well-known style. In it he dwelt chiefly upon the wisdom of adopting the metric system in the United States, and the propriety of establishing a journal by the Association similar to the *British Medical*. The next meeting was appointed to be held in Richmond, Va., on the first Tuesday in May, 1881, under the presidency of Dr. Hodgen, of St. Louis.

The Canada Medical Association held its annual meeting in Ottawa on the 1st and 2nd of September, under the presidency of Dr. Howard, of Montreal, and was largely attended. The papers



read were most interesting, and the discussions were of great value to those who were present. The President's address was replete with valuable suggestion and useful information; and the report on obstetrics and gynaecology was worthy of special mention. The usual number of representatives from the American Medical Association were present, and were cordially received. The annual dinner was well attended, and the post-prandial speeches were unusually good. Sanitary reform received its due share of attention, and a committee was appointed to press upon the Dominion Government the necessity for legislative action in the direction of the establishment of a National Board of Health. The next meeting was arranged to take place in Halifax, N. S., on the 3rd of August, 1881, under the presidency of Dr. Canniff.

The newly elected Medical Council of Ontario, which came together in July, remained in session four days, and entered upon the work of reform with a will that would have cheered the heart of a Cobden himself if he had been alive. Most, if not all of the obnoxious clauses in the announcement of former years were swept away, and new and better ones adopted in their stead. The adoption of the Intermediate High School examination, in lieu of the ordinary Council Matriculation, of which we have something to say in another place, is of itself worthy of more than a mere passing notice, and when fully understood, will be found to work admirably. It remains for the new Council to continue the good work they have so nobly begun, and to husband the resources of the College, so that they may not find themselves hampered for want of the necessary funds to carry on the business of the Council.

In the field of general medicine there is nothing startling, though much that is interesting. Dr. Morell McKenzie has invented a respirator for the antiseptic treatment of phthisis pulmonalis. It covers both mouth and nose, and has a double breathing chamber for containing pieces of sponge saturated with a strong solution of carbolic acid or creasote. It is worn as continuously as possible, night and day. He does not claim that phthisis is cured by this plan, but that night-sweats, cough and impaired appetite are ameliorated. PicROTOXINE has been used with success by Dr. Murrell in the treatment of night-sweats in phthisis. One drachm, of a 1 to 180 solution, is

added to eight ounces of water, and a teaspoonful given at bed-time. Pilocarpine was also used by the same investigator, in doses of one-twentieth of a grain at bed-time, with beneficial results.\* After the sweating is checked by this remedy it does not return for several weeks. Dr. Jones, in the *British Medical Journal*, reports a case in which copious hemorrhage from the lungs occurring in pneumonia was arrested by fluid extract of ergot, in drachm doses, with one ounce of liquor amm. acetatis, four times a day. Dr. Donkin, in the same journal, reports some cases of abnormally high temperature. In eight cases under his observation the temperature rose to 108°F., or above. In one case it was as high as 117°, yet all ended in recovery. In some a rapid fall took place, in others there was considerable sweating with the high temperature. Dr. J. W. Teale also reports a case of rheumatic fever in a female in which the temperature reached 117°F. The use of desiccated defibrinated blood as an agent especially adapted for rectal alimentation, has been prominently brought forward during the past year. The blood thus prepared contains all the elements of blood, except water and fibrine, and is soluble in water below 160°F. A drachm of the dried specimen represents an ounce of ordinary blood, and the quantity to be used in the course of twenty-four hours is from four to six ounces. The use of alkalies in anemia has been brought forward by Dr. Nicholson, in an interesting article in the *Practitioner*. His theory is that anemia is frequently produced by hepatic disorder; that hepatic anemia is one of the most common forms, and that as alkalies, especially potash, have a beneficial action on the liver and tend to restore the blood to its normal character, they should be administered in place of iron in the treatment of anemia. Bichloride of mercury, in minute doses has been found particularly valuable by Dr. Reed (*Medical Times, Phila.*) in chronic dysentery and diarrhoea. He gives several cases successfully treated by this remedy. Dr. Ralfe (*Lancet*), on the other hand, gives his experience of the management of chronic dysentery by the castor oil treatment. Bismuth hæmatoxylon and turpentine were also used in addition to the oil in some of the cases. He also lays great stress upon rest and strict attention to diet, as essentials to the cure of this disease.

Camphor and chloral hydrate, equal parts, have

been successfully used to quiet unruly and sleepless patients, by Dr. Simmons (*Am. Four. Med. Sciences*). In cases of violent mania, delirium tremens, etc., he has found the mixture capable of accomplishing what other sedatives failed to do. In doses of twenty grains, it will produce effects which are altogether beyond the reach of twenty grains of either camphor or chloral hydrate, in the same dose, to accomplish when administered alone. Dr. Sidney Ringer, who has investigated the new remedy called Tonga, in use among the Fiji islanders, says that the fluid extract, in drachm doses, cured promptly six cases of severe neuralgia, improved a seventh, and failed in the eighth, only because the preparation had become inert. Large doses, as half an ounce, produced slight drowsiness in one patient. Dr. J. P. Thomas (*Virginia Med. Monthly*) strongly urges the use of carbonate of ammonia in diseases of the respiratory system, and especially in pneumonia. His theory of its action is, that it prevents the accumulation of carbonic acid in the blood, by promoting oxygenation. It also renders the blood alkaline and checks exudation. He administers it in doses of twenty to fifty grains. He considers it a certain prophylactic in heart clot, and says that it has often prevented death from this cause in pneumonia. From the tone of the papers read at the different societies, and articles in the Journals on the "lost art" of venesection, it would appear that the practice is about to be revived, especially in the treatment of pneumonia. The abstraction of blood, is by most writers at present, regarded as of paramount importance to relieve engorged vessels, and prevent the affusions which always render the disease a grave one. The use of Jamaica dogwood as a substitute for opium, has been highly recommended by those who have investigated its properties. It is more decidedly hypnotic than opium, produces no anorexia or headache, and does not constipate the bowels or interfere with digestion. It acts rapidly, but its effect is less durable than opium, and requires to be given more frequently. The dose is twenty minims of the fluid extract every three hours.

A case of the successful treatment of lead colic by electricity is recorded by Rothe, in *Memorabil*. There was obstinate constipation, which strong purgatives failed to overcome. The negative pole of a Faradic battery was inserted in the rectum,

and the positive pole over the abdomen, and a strong current allowed to pass for eight or ten minutes. Very soon after a copious evacuation of the bowels occurred, followed by amelioration of the symptoms and recovery. A case of hysterical hemi-anæsthesia is reported in the *Lancet* by Dr. Ball, which was treated with the bromides and other sedative remedies for a considerable time without benefit, as having been almost immediately relieved by static electricity. Dr. Gray, in *Arch. of Med.*, gives his experience of the use of quinine, as increasing the sedative effect of the bromides, belladonna, hyoscyamus, etc. He thinks it also relieves the depression which these medicines usually produce.

The use of ergot in diabetes mellitus has been brought forward by Dr. Hunt, in the *Practitioner*. Dr. Pepper, of Philadelphia, was the first to suggest this treatment. The dose is one drachm of the fluid extract three times a day. The rationale of its action is not known, but it is supposed to act in some way upon the vaso-motor system. The salicylate of calcium in the serous diarrhoea of infants has been highly extolled during the past summer, by Dr. Hutchins, of Brooklyn. He treated successfully 27 cases, from two months to two and a half years of age, with this remedy alone. Other forms of diarrhoea, lenteric or inflammatory, required additional treatment. The dose was from two to five grains. A new antiseptic and anti-neuralgic has been brought under notice during the past year, named menthol, a crystalline solid derived from oil of peppermint. In some respects it resembles thymol. It destroys bacteria, and applied externally, relieves neuralgic pains.

In the field of surgery little has been advanced that is wholly new or original. Antiseptic surgery *a la* Lister, has not met with that measure of success which was at one time anticipated; the results have not been so far superior to former plans of practice in really good hospitals, as to lend any support to the idea that the matter rests on different principles from those which it would supersede. Mr. Holmes of St. George's Hospital, speaking from a basis of one hundred and sixty-two compound fractures of the leg, "treated to a conclusion," says that while great improvement has been observed in the results of injuries and operations since Lister began his method of treatment, this is not due entirely to the method itself, since it is also



to be noted in the practice of those who repudiate Lister's teaching. All wounds and injuries are much more carefully treated than they were some years ago, and in Hospitals where the old and new treatments have been carried out side by side, the results have not been such as to place Listerism in that prominent position which its most zealous advocates would have it occupy.

Dr. Gamgee records (*Lancet*) a number of interesting cases exemplifying what he considers the essentials of wound treatment, viz., accurate coaptation, absolute rest, and as a rule, dry dressing, not frequently changed, and drainage adapted to circumstances. The adage that many roads lead to Rome, finds ample illustration in surgical practice. Pin your faith to no system; be a slave to no master. The scheme of Nature is broad and comprehensive; let us try to imitate her in methods and means. An interesting paper on the question of wound treatment, by Dr. McVail, was also read before the British Medical Association, in which he gave the statistics of the last ten years at the Kilnarnock Infirmary, with the dry dressing of wounds. The total death rate was 3.5 per cent., while Dr. Cameron's death rate in the Glasgow Infirmary, with Lister's treatment, was 5.1 per cent. A comparison was also made between the statistics of the two modes of treatment, which resulted unfavourably for antiseptic surgery in the hands of Mr. Lister himself.

In reference to "peritoneal surgery" it is now the general impression among surgeons that in the present state of our knowledge and experience, exploration of the abdomen should be reserved for the most intractable cases of acute intestinal obstruction, the mortality so far not being less than 50 per cent. As confidence is gained in our means of diagnosis and treatment many patients that are now lost by delay may be saved. In chronic obstruction from cancer, tumors, &c., the utility of surgical interference is sufficiently proved by the results, and laparotomy, enterotomy or colotomy, may be had recourse to in suitable cases with a warrantable prospect of success. Rapid lithotripsy with Bigelow's improved aspirator has been fully endorsed by Sir Henry Thompson, R. T. Weir, and others. In cases in which difficulty has been encountered in removing the last few fragments, it is recommended to leave them to a future sitting rather than greatly to prolong the operation with a

view to their immediate removal. This new procedure has to a considerable extent diminished the number of cases of lithotomy. Dr. Weir issues the injunction at the conclusion of his paper that only those who have had experience in lithotripsy or who have made themselves familiar, on the cadaver, with this instrumental manipulation, should undertake the operation. A case of extirpation of the larynx is reported by Dr. F. Lange (*Med. Record*.) This is the first case performed in America, and makes in all 19 recorded cases, with 13 deaths. Lange's operation was perfectly successful, the patient being able to articulate with the aid of an artificial apparatus, and swallow soft food. He was seventy-four years of age; the tumor grew from the upper edge of the thyroid cartilage and a previous thyrotomy had been performed, but without any benefit to the patient. A new mode of removing cysts is reported by Dr. Coosemans, known as Pozzi's method. It consists in evacuating the cyst of its fluid or semifluid contents with an aspirator, and then injecting the cavity with some substance which will speedily solidify. In this way a firm tumor is obtained which is readily enucleated. Dr. H. B. Sands reports (*Med. Record*) a case of rupture of the axillary artery during an attempted reduction of a dislocation of the shoulder-joint of seven or eight weeks standing. Very little force had been used; there was no violence, and the foot had not yet been placed in the axilla when the tumor was noticed. It attained the size of a child's head, and there was loss of pulsation in the radial, ulnar, and brachial arteries. Dr. M. Baker in the *Lancet*, strongly urges the removal of the tongue by the median division or splitting, as less difficult than the modes usually employed, and more applicable to otherwise unpromising cases. He passes two stout threads through the tongue about half an inch from the median line on each side, and one inch from the tip. The tongue is then drawn forward, and divided along the median line with a knife or pair of strong scissors. The ecraseur is now slipped over the diseased half, or two ecraseurs may be used simultaneously when the whole tongue is to be removed. As a preliminary step, he advises division by means of a pair of scissors of the frænum and muscles which tether the tongue in front and at the sides. Dr. Thudichum (*Lancet*) makes a strong appeal in behalf of the electro-cautery in the removal of polypi and other

growths in the nose, as being more easy of application, less painful and disagreeable to the patient, and much more efficacious. In the *Western Lancet* (San Francisco) Dr. Stallard reports a bold operation of abdominal section for purposes of diagnosis, in a case of tumor in the left hypochondriac region of a doubtful nature. The patient was 41 years of age, no history of cancer, and although weak was in fair condition for an operation. The tumor was freely movable, but an exploratory incision discovered that it was deeply attached to the root of the mesentery and could not be removed. The wound was closed, and on the 13th day the man was as well as before the operation.

The use of boracic acid in surgery, has shown it to be a drug of greater power and wider range of applicability, than was formerly supposed. It is used with success on old sores and ulcers, both simple and specific, and also in the treatment of large suppurating wounds and abscesses it has been found of especial value. In *ozæna* and *otorrhœa* it acts as a prompt deodorizer and alterative, lessens the discharge and promotes healthy action. As a lotion in chronic cystitis and chronic inflammation of mucous membranes in general, it has a decidedly beneficial action. Dr. McEwen, of Glasgow, advocates the introduction of tracheal tubes by the mouth instead of performing tracheotomy, and gives several cases in which he has adopted this method with good results. He recommends their use not only in chronic but also in acute affections, such as *œdema glottidis*, &c. The respirations are carried on perfectly through them, the sputa expelled, and deglutition effected while the tube is in situ. Mr. Rawdon, in the *Brit. Med. Jour.* brings forward a modified operation for fissure of the palate in children. This consists in closing only the lower portion (two-thirds) of the cleft, at the first operation, or as far as can be united without traction, and leaving the rest to close spontaneously or at a subsequent operation. The operation is thus simplified, and the inflammatory action is proportionately less than when the closure of the whole cleft is attempted. The accidental excision of 12 centimetres in length of the right pneumogastric nerve in an operation for the removal of a tumor of the neck is recorded by Dr. Lucke, (Centralbl. f. Chir.) There were no untoward symptoms, no difficulty of respiration, and the patient made a

good recovery. Two cases of aortic aneurism treated with great benefit by electro-puncture are given in the *Bull. Gen. de Therap.* Both patients were much relieved, and the tumors were greatly diminished in size. The writer also gives an analysis of one hundred and fourteen cases treated in this way, and the result as far as known; of these, fourteen showed an improvement lasting from one to five years. The usual number of sudden deaths from the administration of chloroform are reported. In many cases no cause could be discovered at the autopsies to account for the suddenness of the deaths. Some also have occurred from the use of ether, and at least two from the inhalation of ethyl bromide, the new anæsthetic, although only a comparatively short time in use. These cases, Dr. Turnbull claims, were not fair tests of the quality for good or evil of the new anæsthetic.

In the domain of obstetrics and gynaecology much true progress has been made. In cases of extra-uterine pregnancy, laparotomy has several times been performed during the year, and three times by Prof. Schroeder. When the child is living no attempt should be made to remove the placenta, but if dead several weeks, the case is different, as conglutination of blood in the vessels will prevent any hemorrhage on its removal. In regard to the subject of drainage through Douglas's space, it will greatly prevent excessive putrefaction, and give ready escape to the putrid secretions, and should be had recourse to, unless the placenta should be attached to that portion of the cavity. Copeman's method of dilating the cervical canal, still continues to be used with success in the vomiting of pregnancy when all ordinary means fail, such as *ingluvin*, *oxalate of cerium*, *bismuth*, &c. Dr. Bartholow uses *bismuth* combined with *carbolic acid* in small doses, in *mucilag. acaciæ* with marked success in many cases. A new method of treating *placenta prævia* has been introduced by Dr. Nunn. It consists in gentle intra-uterine applications of *hæmostatics*. He introduces the *liquor ferri persulphatis* to the bleeding surface direct, by means of a cotton swab passed through the os by the aid of a speculum. The applications are repeated as labour progresses. In hemorrhage preceding abortion, he prefers the fluid extract of *matico* as it is less irritating in its after effects.

Dilatation of the cervical canal by sponge tents,



laminaria, or tupelo, is now being more or less generally discarded, owing to the danger of sepsis, and either rapid dilatation or division of the canal bilaterally up to the vaginal junction used instead, where necessary. The subject of intra-uterine medication is still under discussion. Dr. Atthill, the great apostle of the frequent use of this method of treatment, still adheres to his practice, but has now come to regard carbolic acid as the safest, and generally the most efficient agent. He uses a mixture of two parts acid to one of spirit or glycerine. He also speaks favorably of iodized phenol (iodine and carbolic acid), especially in endometritis occurring in old women. Some deaths have been reported from intra-uterine injections of perchloride of iron, one by Drs. Herman and Brown, in *Obstet. Journal, Great Britain*. The strength used was one to six, and the fluid was injected by a Higginson's syringe, to which a long uterine tube was attached. After a few syringefuls had been thrown up, the patient gave a faint cry, threw up her arms, turned pale, gasped for breath, and after a few inspirations died. A thrombus formed in the uterine veins and carried to the heart, was supposed to have caused the fatal result. A case of *post mortem* Caesarian section is reported by Dr. Storch of Germany. The mother, who was in a cyanotic condition, died suddenly while the physician was visiting her. Eight or ten minutes afterwards, the operation was performed, and occupied about half a minute. The child was extracted by the feet, but was pale and limp, and was with some difficulty resuscitated. Dr. S. is very sceptical about the success of cases recorded, where an hour or more had elapsed before the child was extracted.

Dr. J. R. Moore (*Chicago Med. Journal*) reports a case of hour-glass contraction of the uterus previous to delivery. The woman was becoming exhausted from prolonged and fruitless labor, and turning was decided upon. The child's head tended persistently to override the brim of the pelvis in the right iliac fossa, and five hours had been spent in vain attempts to rectify this obliquity. Upon the introduction of the hand, hour-glass contraction was discovered to be the cause of the trouble. Dr. Lane, of the Pacific coast, has again performed the operation of vaginal hysterectomy for recurrent epithelioma. This is his second case, and the patient did well. His method of operating

is to make an opening into Douglas's cul-de-sac, through which the fundus uteri is drawn down, in such manner that the Fallopian tubes and ovaries may be easily ligated, after which the organ is dissected from the bladder. The cavity was rinsed with a one per cent. solution of carbolic acid, and filled with lint saturated with four per cent. carbolized linseed oil, a drainage tube inserted, and the abdomen covered with rubber ice-bags. No sutures were used.

Great prominence was given during the early part of the year to the treatment of cancer of the uterus by chian turpentine, brought forward by Prof. Clay, of Manchester, England. The remedy proved efficacious in his hands, and in the practice of a few others, but it has not been so generally efficacious in its effects as to warrant the high hopes at first entertained regarding its use. It seems, however, in most cases, to arrest the progress of the disease, and relieve pain, and, if given sufficiently early, may, in some cases, prove an effectual cure. It is best given in emulsion. One ounce of chian turpentine is dissolved in two ounces of pure sulphuric ether; to half an ounce of this ethereal solution, add four ounces of solution of tragacanth, one ounce of syrup, forty grains of flowers of sulphur, and enough water to make a sixteen-ounce mixture; the dose is two tablespoonfuls three times a day. A summary of the results of fifteen cases of Battey's operation (or spaying) is given by the author in the *Brit. Med. Journal*. There were thirteen recoveries and two deaths; of the recoveries, eight were cured, one was partially relieved, one temporarily, two were not improved, and one, of recent date, result not yet known. The diseases for the relief of which the operation was chiefly undertaken were hysterio-epilepsy, oöphoralgia, menstro-mania, and threatened insanity. There seems, therefore, sufficient to warrant a resort to this formidable operation in certain extreme cases. Dr. Isaac E. Taylor performed, on the 8th of April, the first successful case of Porro's operation in America. The patient was a dwarf, four feet four and a half inches in height, and twenty-seven years of age. Her pelvis was greatly contracted at the outlet. Dr. Taylor delivered her in a former confinement by craniotomy and cranioclast, but when she again became pregnant she was decided and emphatic in her desire to have a living child. Labor pains set in

on the evening of the 7th of April, and early the following morning the operation was performed. The abdominal incision was five inches in length, the uterus was opened and the child extracted. A temporary fish-line ligature was then placed around the lower part the placenta remaining in, after which a permanent ligature of carbolized silk was applied and the uterus removed.

In ophthalmology much attention has been directed to the therapeutics of eserine, pilocarpine and duboisine. Eserine has gained a high and deserved reputation in the treatment of marginal and sloughy ulcers of the cornea, and in suppuration of the cornea after extraction of cataract. Indeed its action in these conditions is almost magical. We have seen a deep sloughing ulcer heal up in three days, with hardly any scar noticeable to the naked eye. As a temporary reliever of tension and pain in glaucoma, eserine has also achieved a great reputation. Among operations, the comparatively new one of division of the optic and ciliary nerves, instead of excision, to prevent sympathetic inflammation, has caused much discussion. The general conclusion at the Milan congress was that the operation was a very uncertain one in its results; as even after the excision of a large portion of the optic nerve, reunion of the divided ends had occurred. Dr. Dor, of Lyons, had a case in which the cornea remained insensitive for a year, but subsequently regained its sensibility. Excision should always be performed if a foreign body be present in the injured eye. There is at the present time a great tendency to use Listerism in operations on the eye, but the great difficulty to contend with is the irritation caused by the spray. Boracic acid is most used, but we think Knapp's remark, that he "should not be surprised to see them abandoned, at an early day, as superfluous in eye surgery," gives expression to a very general opinion amongst oculists.

One of the best papers of the year in otology is by Dr. Theobald, of Baltimore, on "The Scepticism Prevalent Regarding the Efficacy of Aural Therapeutics." He shows very ably the great progress, both in diagnosis and treatment, which has been made during the past few years; how little justifiable, by facts, are the assertions that ear-ache cannot be relieved except by bursting of the drum head; that it is dangerous to arrest a chronic purulent discharge from the ear; that people grow out

of otitis chronica, and that perforation of the drum necessarily leads to permanent deafness.

The introduction, by the same author, of atropine in the treatment of acute inflammation of the middle ear and external auditory meatus, has been a step forward. It should be used in a solution of 4 grains to the ounce of water, and 8-10 drops instilled frequently. It has been used in a considerable number of cases and with marked benefit. Iodoform has been used with good results by Spencer and others, in granulations of the tympanic mucous membrane.

Woakes, of London, draws attention to a form of throat deafness, characterized by negative appearances of the drum head. Catheterization can be successfully performed, but the Valsalvan experiment cannot. The soft palate hangs pendulous in a plane surface; the uvula can only be seen with difficulty; the hearing varies very much. Anemic persons are most commonly affected, after severe physical and mental labor. The treatment should be to build up the system with iron, phosphorus hydrobromic acid and cod liver oil. Also carbonate of ammonia, grs. iv. ter die, and the use of the induced current. Dr. Kessel, of Gratz, having proposed the excision of the tympanic membrane two years ago, reverts to it again, especially as aurists have not shown a great disposition to adopt it with alacrity.

In the matter of bibliography, we have had no end of new books and new editions of those previously published. We subjoin the names of a few of them: Leishman's Midwifery; Playfair's Midwifery; Foster's Physiology; Wood's Library, 12 vols.; Bumstead on Venereal Diseases; Reynolds' System of Medicine; Paracentesis of the Pericardium by Roberts; Practice of Medicine, Roberts; Day on Headaches; Essentials of Anatomy, Darling & Ranney; Skin Diseases (Photographic), Fox; Skin Diseases (Atlas), Duhring; Health Primers, Lindsay & Blakiston; Practical Examination of Urine, Tyson; Ophthalmology, Nettleship; Heart and its Diseases, Fothergill; Nervous Exhaustion, Beard; Practice of Surgery, Clarke; Practitioner's Reference Book, Dunglison; Principles of Therapeutics, Fothergill; Practice of Medicine, Bartholow; Tumors of the Mammary Gland, Gross; Greene's Hand-book of Medical Chemistry; Index-Catalogue, Library Surgeon-General's Office, U.S.; Kirkbride on Hospitals for



Insane; Thomas on Diseases of Women; Diphtheria, Jacobi; Hamilton on Fractures and Dislocation, &c., &c.

Among our obituary notices will be found the names of many of our brethren, both at home and abroad. Among those abroad we find the names of Sir Dominic Corrigan, Soelberg Wells, Sharpey, Lockhart Clarke, Broca, Von Hebra, Seguin; and among our brethren at home, Drs. Rupert, Clark, Bovell, Ash, Higinbotham, Burnham, Locke, Phillips, Campbell (Dartmouth, N.S.), Demers, Hall, Struthers, Rutherford, Cooke, McGrath, Turquand, Rose, Gracey, Herriman, White, Campbell (Wellington), Smith, Fowler, Eckhardt, Rath, Wolfe, Sullivan, Wilson, Carder, Tracey, Case, Schmidt, Nesbitt, Stewart, Dawson, Hamilton, McConkey, Bentley, Jacobs, Metcalf, etc.

While the past year has been noted for storms and disasters by sea and land, no serious outbreak of disease has occurred in any part of the world, and especially, so far as the Dominion of Canada is concerned. Small-pox, which has been almost constantly present in some part of the country, particularly in Quebec and Montreal, has entirely disappeared, at least for the present. Local outbreaks of diphtheria have occurred from time to time in some parts of the Maritime Provinces, but not sufficiently serious to cause any alarm.

In the foregoing retrospect of the year, we have given such facts as we thought might be of practical interest to the generality of our readers, and in conclusion we extend a hearty greeting to all our patrons, and wish them a full measure of health, prosperity and happiness in the year upon which we have so auspiciously entered.

#### ONTARIO COUNCIL MATRICULATION.

At its last session, the Council adopted the Intermediate Examination as its ordinary matriculation requirement. Under the regulations of the Government, which are of course supreme in this matter, the "Intermediate" consists of the following groups and subjects:

*Group I* embraces Arithmetic, Algebra, Euclid. *Group II.* English Grammar, Dictation, Composition. *Group III.* History, English Literature, Geography. All the above groups and subjects are compulsory in regard to every candidate. Be-

sides these, there are four "Optional Departments." *Group IV*, embracing Natural Philosophy, Chemistry, Book-keeping, is set down as one of these, and Latin, French and German as the other three. Of these, only one is to be taken, for the official regulation expressly prescribes that "no candidate will be allowed to take more than one of the four optional departments."

The printed regulation of the Council on the subject is as follows: "On and after July 1st, 1881, every one desirous of being registered as a Matriculated Medical Student in the Register of this College, except as hereinafter provided, must present to the Registrar the Official Certificate of having passed the High School Intermediate Examination, with Latin included, whereupon he shall be entitled to be so registered upon the payment of twenty dollars, and giving proof of his identity; the said examination to embrace the following subjects: *Compulsory a.* Arithmetic, Algebra and Euclid; *b.* English Grammar, Composition and Dictation. *c.* History, Geography and English Literature. *d.* Natural Philosophy, Chemistry and Book-keeping. *e.* Latin. And one of the following:—*Optional*: French, German."

Had the above section ended with the word "identity" it would have been correct—but in going on to prescribe the subjects, it includes not only all those of the optional group (No. 4) but also Latin, and either German or French. Thus making *three* of the *four* options compulsory. This which was a mere accidental oversight, clashes not only with the first part of the Council's own rule, but also with the regulation quoted above, which limits all candidates to *one* of the optional departments.

This oversight, however, need cause no difficulty, for the Executive Committee can easily give due notice through the papers, long before the time of holding the July examination; that in accordance with the first part of the Council's regulation, the High School Intermediate examination, with Latin, will be required of students as the ordinary matriculation of the College of Physicians and Surgeons of Ontario. This is the simplest and best course open under the circumstances, and its adoption will receive the thanks of the profession and of students throughout the country. A most excellent entrance examination, too, will be provided, equal to that required in any country in the world.

If Natural Philosophy is not made compulsory, as it happens to be in the 4th or optional group, the three subjects of compulsory group 3 will be more than an equivalent, and to a certainty, great numbers of the candidates, even if not examined on this subject, will have studied it. The requirements, too, of a minimum of no less than 40 per cent. upon each group, will give a guarantee of standing such as very few entrance examinations afford.

Of course, as heretofore, all gentlemen who have matriculated or graduated in Arts in any of our Universities, can be registered on the Students' Register of the College of Physicians and Surgeons, by merely paying the registration fee.

### THE CORONERS ACT.

The Act respecting Coroners, passed last session of the Ontario Parliament, has given rise to a considerable amount of dissatisfaction and ill-feeling, and many persons seem to think that those coroners who have refused to act are very stubborn. The objectionable feature of the new Act is that the coroner must, prior to issuing his warrant, make a declaration in writing and on oath before a magistrate, that he believes from information received that the deceased did not die from natural causes, but from negligence or foul play, and therefore an inquest is required. Why the Act should impose upon the coroner the labor of enquiring into any case of death in order to make the necessary affidavit, and especially without any remuneration in case the inquest is unnecessary, we cannot comprehend. The old Act was sufficiently stringent if put into force, to prevent any coroner from unnecessarily holding an inquest, or at least getting paid for it. Under it the crown had power to dismiss or punish a coroner for misconduct, and the informant was required to give his information on oath to the coroner. All papers, and evidence taken at the inquest was filed with the County Crown attorney, and if in his opinion the inquest was unnecessary, he had the power to refuse the necessary certificate to the coroner to enable him to get his fees. We trust that the Government will, during the present session, abolish the oath and declaration imposed upon the coroner by the recent Act, and make certain amendments in another direction, some of which we might briefly indicate.

1st. The number of coroners should be limited. There are entirely too many in the Province; the number being between seven and eight hundred.

2nd. When a coroner is called upon to view a body, he should be paid by the municipality a fee of not less than \$2, and mileage at the rate of 50 cents per mile, for such inspection, if during the day-time, and \$4, and mileage at the rate of \$1 per mile, if at night.

3rd. In large cities, a stipendiary coroner and a deputy coroner should be appointed, the latter acting in case of sickness or unavoidable absence of the coroner. All this cavil about fees and unnecessary inquests would then be avoided, and the coroner could devote all his time and energies to the performance of his official duties.

4th. The salary should be paid by the government and not by the municipality. The coroner would then only be responsible to the crown for his acts as coroner, and not be subjected to the caprice, ill-will or ward influence of any one or more members of the corporation.

ADULTERATION OF FOOD. — The *Telegram* of this city gives the following in reference to this subject:—There appears to be a good deal of adulteration of food carried on, principally milk, coffee, tea, spices and butter. Out of 226 samples analyzed by Prof. Ellis, he found that 58 were adulterated. Many of the adulterations were harmless, the object being to make the quantity weigh heavier. In the case of milk, it appears that the practice of watering it is very common, and there really seems no remedy left for the abuse but to require the milkmen to drive their cows around to their customers' doors, as they do in Cuba, and milk the requisite quantity in the presence of the purchaser. Those good people who have been paying for coffee, appear to have been drinking chicory, while the tea drinkers have been regaling themselves with Prussian blue and other deleterious stuff. Altogether, the public seem to be badly used. There is water in the milk, chicory in the coffee, Prussian blue in the tea, flour in the cloves, an excess of salt and water in the butter, flour and cassia in the cinnamon, and flour and turmeric in the mustard; the gas is bad, the bread is frequently of light weight, the coal is often short, the coal oil is poor, many of the fowls have their crops filled with stones and gravel to make them weigh more;



in short, there is cheating all round and nobody seems to be getting value for his money. It is hardly to be wondered at that the Chinese are talking of sending missionaries over to convert us.

**VENTILATION.**—Dr. McKinnon, of Windsor, Ont., has sent us a sketch of a stove-pipe ventilator which he has recently invented. The principle is not new, but the method of applying it is entirely original, so far as we know. The stove-pipe is surrounded by a cylinder of sheet-iron, having a diameter large enough to leave  $2\frac{1}{2}$  inches of space between it and the pipe. The vitiated air of the room is admitted through an opening or openings at the lower part and passes upwards as it is heated between the pipe and cylinder for 18 or 20 inches, according to the height of the latter, and then enters an opening in the stove-pipe and passes away with the smoke.

**MALTINE.**—We have now had considerable experience in the use of the various preparations of maltine manufactured by the firm of Reed & Carnrick of New York, and we are more than ever before convinced of their great value in all wasting diseases, and in convalescence from low forms of fever. They are readily assimilated, prevent waste of the tissues, and are valuable constructives. This is more especially true of maltine with peptones, the use of which has been most satisfactory in our experience. We have no hesitation in recommending these preparations to the profession.

**REMOVED FROM MEMBERSHIP.**—The Council of the Royal College of Surgeons, England, has recently removed a medical man—a resident of Ontario—from being a member of the College, for a contravention of the By-laws in publishing and professing a secret method of cure.

**PERSONAL.**—Dr. Tache, Deputy Minister of Agriculture, has been delegated to Washington to attend the meeting of the International Sanitary Board.

Mark Twain says there is something very fascinating about science—it gives you such wholesale returns of conjecture for such trifling investments of fact.

**EXTRA-UTERINE PREGNANCY.**—Dr. Lawson Tait has recently successfully treated, by abdominal section, a case of extra-uterine pregnancy.

The death of Dr. Edouard Seguin, of New York on the 28th of Oct. is announced in our exchanges. He was 68 years of age. Although a writer on many subjects he is best known in connection with thermometry, the metric system and the training and education of idiots, especially the latter.

**REMOVAL.**—Hon. Dr. Brouse, of Prescott, Ont., has removed to Ottawa to enter upon the practice of his profession in that city.

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### Books and Pamphlets.

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**PHYSICIAN'S VISITING LIST FOR 1881.** By Wm. Wood & Co., New York. Price \$1.25.

This is the first edition of this beautiful visiting list we have seen, and we are very much pleased with it. There are two different sizes, one ruled for 30 patients weekly, and the other for 60. It contains, in addition to the usual blanks for names of patients, dates, visits, etc., a table of doses of common and rare drugs, poisons and their antidotes, doses of drugs for subcutaneous injection, atomization and inhalation, thermometric scales, equivalent weights, metric system, and a calendar for 1881 and part of 1882. It is light and convenient to carry in the pocket, beautifully and tastefully gotten up, and well adapted for the purpose intended.

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### Births, Marriages and Deaths.

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In Toronto, on the 22nd ult., D. McLarty, M. D., M. R. C. S., Eng., of St. Thomas, to Miss Hattie J. Allan, of Port Rowan.

At Dorchester, on the 15th ult., Courtney Bliss, Esq., M. D., to Bessie, daughter of B. Botsford, Esq.

On the 22nd ult., in Cornwall, Dr. C. J. Hamilton, eldest son of the late Dr. Hamilton, of Goderich, and stepson of Dr. G. C. Shannon, Goderich, to Harriet S., eldest daughter of Dr. J. J. Dickenson, Cornwall.

On the 24th of October, Richard Metcalf, M. D., River Philip, N. S., aged 36 years.

On the 9th ult., Dr. H. A. Jacobs, of Moncton, N. B., in the 54th year of his age.

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\* \* \* *The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.*

# THE CANADA LANCET,

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## Original Communications.

### ELECTRO-THERAPEUTICS.

BY A. M. ROSEBRUGH, M. D.

Surgeon to the Toronto Eye and Ear Dispensary. Read before the Toronto Medical Society, Jan. 13th, 1881.

The history of electro-therapeutics may be divided into *three eras*: the *Era of Franklinic Electricity*; the *Era of Galvanization*, and the *Era of Faradization*. Previous to the discovery of animal electricity by Galvani, and the construction of the pile by Volta, (1791-1800), only *franklinic* or static-electricity was used. From 1800 to 1832 both *franklinic* electricity, and the galvanic current were used; and from the date of the discovery of the induced or secondary current by Farady, in 1831, to the present time, the three forms of electricity, franklinic, galvanic and faradic, have been used, although the *franklinic* or static form of electricity has almost been superseded by the galvanic and the faradic.

Kratzenstein, in 1744, and Jallabert, in 1747, recorded cases of paralysis cured by sparks drawn from a frictional apparatus; and in 1778, Muduyt, in a memoir presented to the Société Royale de Médecine, reports as follows:—"Electricity is a remedy of vast and varied powers; it has a positive and very beneficial influence over nutrition; and it equalizes the circulation, materially affecting the pulse, the perspiration, and the secretions; and is surprisingly efficacious in the treatment not only of paralysis but also of other conditions, such as constipation and œdema."

Aldini, a pupil of Galvani, recommended, in 1804, the use of galvanism in cases of amaurosis, deafness and insanity; and also to produce artificial respiration.

Electro-puncture was discovered in 1825, and was the beginning of the science of Electro-Surgery.

Duchenne, of France, in various publications

between 1847 and 1855, first called the attention of the profession to localized-electrization by means of the faradic current; while Prof. Remak, of Berlin, in 1855, and 1858, called attention to localized electrization by means of the galvanic current.

In 1867, Messrs. Beard and Rockwell, of New York, introduced the system of general electrization by means of the faradic current, and in 1871 a system of general electrization by means of the galvanic current. The former is now called by them "*General Faradization*," and the latter "*Central Galvanization*." Beard and Rockwell may be said to have done for general electrization what Duchenne and Remak did for localized electrization; the latter systematized the methods of localized faradization and localized galvanization, while the former have systematized the methods of general faradization and central galvanization. In general faradization they claim to have discovered a tonic of great and varied efficacy, and therefore indicated in a large range of conditions of debility; and in central galvanization they claim to have discovered a remedy that can be used with the highest success in hysteria, insanity, neurasthenia, gastralgia, dyspepsia and certain diseases of the skin. It is therefore claimed that "the sphere of electro-therapeutics has in a measure, corresponded to, and progressed with the advance in the method of application. Thus, when peripheral applications were chiefly used, the scope of electro-therapeutics, though important was narrow, neuralgia and paralysis being the diseases for which it was mainly employed. On the introduction of localized galvanization of the nerve centres, electricity was found to be most useful for many conditions in which, previously, it had been supposed to be either valueless or contra-indicated. The sphere of electro-therapeutics is by general faradization and central galvanization still further extended to embrace a large variety of conditions and indications which localized applications fulfil either not at all or but very imperfectly."\*

GENERAL FARADIZATION.—The object of general faradization is to bring the whole body, as thoroughly as possible, under the influence of the faradic current. As used by Beard and Rockwell,

\* Medical and Surgical uses of Electricity; Beard and Rockwell, New York, 1878. Page 411.



the negative pole is usually placed at the feet or coccyx and the application made to the surface of the body with the positive pole. Other electro-therapeutists have, however, obtained satisfactory results, by applying the positive pole to the feet or coccyx and making the applications with the negative pole. Although we are indebted to Messrs. Beard and Rockwell for having systematized this method of general electrization, and for their efforts in bringing it under the notice of the medical profession, I find that the faradic current has been used by the laity, as a general tonic, for many years. As used by the latter, I find that the positive pole is almost always placed at the feet or coccyx, and the entire surface of the body is successively brought under the influence of the negative pole. Cases have come under my observation where very decided tonic effects have resulted from this method of general electrization.\* In using the galvanic battery, polar influence, and current direction have an important bearing in electro-medicine and electro-surgery; but, in using the faradic current it seems to me,—at least on theoretical grounds, to be a matter of very little practical importance in which direction the current flows. The faradic current is an induced *to and fro* current, alternating between positive and negative at each interruption of the primary current by the automatic vibrator, and although these alternating currents have unequal strength (the opening induced current being stronger than the closing), it is found that chemical decomposition of a similar character occurs at both poles: iodine for instance appearing at the negative as well as the positive pole when faradic currents pass through a solution of iodide of potassium, hence the terms positive and negative, anode and cathode, cannot have the same significance as where the galvanic battery is used, and where the current always flows in the same direction. In general faradization, Beard and Rockwell usually make the applications with the positive

pole, for the simple reason that the positive pole is less painful than the negative, and consequently a stronger current can be used. For convenience of description, however, I will suppose that in general faradization the negative electrode is always applied either to the coccyx or to some part of the lower extremities, and kept in that position while the application is made with the positive pole.



FIG. 1. General Faradization. The hand being used as the positive electrode.

The patient is seated on a stool, as a chair with a back to it is not so convenient. The feet may be placed on a copper plate which forms the negative electrode; it should be wetted with warm water, and during a séance should be kept warm, say with a warmed soap-stone. The clothing of the upper part of the body should be removed or arranged so as not to interfere with the manipulation with the positive electrode; and the room should be kept at a proper temperature. The positive pole is nominally applied to the entire surface of the upper part of the body, but practically, in many cases where the current is simply used as a general tonic, it is found to be sufficient to make the application to the back and side of the neck, and especially between the sixth and seventh vertebra. General tonic effects can be attained without applying the positive pole to either the upper or lower extremities. When the applications are made thoroughly, however, the time is divided somewhat as follows:—To the

\* The explanation of its philosophy by some of these gentlemen is very simple, and doubtless with many patients appears to be quite self-evident. It is as follows: "When the applications are made to the surface with the positive pole the nervous energy is weakened, and the normal electricity (?) is carried out of the body; whereas when the applications are made to the surface with the negative pole (the positive being applied to the feet) the nervous energy is increased, as the positive pole at the feet or coccyx adds to the natural electricity of the body!"

head *one minute*; to the back *three minutes*; to the abdomen *three minutes*; to the upper and lower extremities *four minutes*; and to the neck, sympathetic and cervical spine, *four minutes*.

The forehead is more sensitive to the electric current than any other portion of the surface of the body, and should be treated with a very weak current, and for a very short time. The moistened palm of one hand is first applied to the forehead, and with the other hand connection is very gradually made with the positive pole by gently pressing the moistened sponge electrode connected with the positive pole, which is placed on the table for that purpose. Before making the application to the crown of the head, the hair is wetted, as the latter is a non-conductor. This application is made with the hand also, and a weak current, but slightly stronger than that to the forehead, is used. The back of the head (over the cerebellum) and the upper portion of the spine will usually bear quite strong applications, and the sponge electrode may be used. Over the middle of the spine even stronger currents can be borne. In applying the current to the back, the sponge is passed down the entire length of the spine, and latterly over the liver, kidneys and spleen. The latter application can be made underneath the clothing by means of the long-handed spinal electrode. The stomach and abdomen can be reached by simply slipping up the underclothing. In cases of obstinate constipation, shocks by sudden interruptions of the current are recommended. The stomach and solar plexus may be treated by placing the sponge or palm of the hand below and underneath the sternum and making considerable pressure. Currents of moderate strength are used over the stomach and abdomen, pressure being used to reach the organs of the abdominal cavity and the applications made lightly to produce contractions of the abdominal muscles. The positive pole is not usually applied to the lower extremities, unless there is weakness or paralysis. -

According to Beard and Rockwell, there is no single place on the surface of the body where the electrical influence can be communicated to so many important nerves as at the cilio-spinal centre. "If the sponge be pressed firmly over the sixth and seventh cervical vertebræ, and moved slightly on either side of the spine, while a powerful current is passing, the electric influence may be per-

ceptibly communicated, not only to the spine but also to the larynx through the laryngeal nerves; to the stomach through the pneumogastric; to the lungs through the phrenic; to both hands and arms through the brachial plexuses and their branches—in short, to the most important nerves and organs of the body. The sympathetic is also directly affected at this point." \* \* \* "This application is a very important factor in general faradization, and will achieve decided tonic effects on the system, even when no other portion of the body is touched by the current."

The posterior triangle of the neck, just by the posterior border of the sterno-cleido-mastoid muscle, is said to be another important locality in electro-therapeutical anatomy. Firm pressure on this space with the electrode, and using a current of considerable strength, will effect it is said, the brachial plexus, and in some cases the pneumogastric and phrenic nerves also.

In regard to the strength of the current and the length of the applications, it is recommended that the first applications be made with a mild current, and the hand used for the positive electrode. Subsequently, as the patient becomes accustomed to the treatment, the rule is simply 'to make the applications pleasantly painful.'

In carrying out this method of treatment, I have made some modifications of detail which I find advantageous, and which may be of service to others. I dispense with the copper-foot plate and avoid the inconvenience of bareing the feet and keeping them warm during a seance, by applying the negative electrode either to the back part of the leg, the outer side of the thigh, or to the popliteal space. A double cord may be connected with the negative pole and an electrode applied to each of the lower limbs. The electrode may be kept in position by inserting it underneath the stocking, or, when in the popliteal space, by flexing the leg or the thigh. The cylindrical handles that usually accompany the faradic battery answer admirably for this purpose. They are supplied with flannel covers which are wet with warm water or warm salt and water before being used. The soles of the feet, the calf of the leg, and the perineum are not sensitive to the faradic current, and the negative-electrode may be applied to any of these parts as is most convenient.

The continuous coil battery is used, and when



the positive electrode is applied to the head the connecting cord is attached to the A post, and the connecting cord of the negative-electrode is, at first, attached to the B post, with the switch (Sw.) turned to the inner or weaker post (Wk.) and the sheath (Sh.) pushed in.\* Without changing the posts, this weak current may be increased in strength by moving the switch to the outer post (St.) and withdrawing the sheath. If the current

cases to make the applications about three times a week, and to persist in the treatment for several weeks. Beard and Rockwell, in comparing the history of all their cases, find that the average number of applications administered to each successful case, is about 15 to 25, and the length of time over which the treatment extended was 4 to 8 weeks.

The special effects claimed for general faradization may be summarized as follows: It relieves pain and local or general weariness, and in many cases exhilaration is experienced after each séance. It equalizes the circulation and improves the temperature of the extremities. Its permanent or tonic effect is seen in improvement in the sleep,—increase of appetite and improvement in digestion,—regulation of the bowels,—relief of nervousness and mental depression,—increase in the size and hardness of the muscles, and an increased disposition and capacity for physical and mental labor.

It is admitted, however, concerning these permanent tonic effects, that they are not uniform, and, strangely enough, general faradization is said to be usually contra-indicated in those cases and for those temperaments that will not bear any of the internal tonics.

General faradization is indicated, according to Beard and Rockwell, *first* in those diseases that are dependent on or associated with impairment of nutrition and general debility of the vital functions, such as nervous dyspepsia, neurasthenia, anæmia, hysteria, hypochondriasis, paralysis and neuralgia of a constitutional origin, rheumatism and other toxic diseases, some forms of chorea, and oftentimes in functional disorders of the genital, digestive and other special organs, and *second*, in the morbid symptoms dependent on some local cause which cannot be satisfactorily diagnosed.

In regard to the *rationale*, it is claimed that general faradization is a stimulating, sedative tonic, and that the powerful tonic effects are largely due to the passive exercise and consequent oxidation that result from the numerous contractions that take place during the applications, and that these contractions affect not only the muscles, but also the contractile fibre cells,—thus stimulating the circulation and with it the processes of waste and repair.

General faradization seems to have met with

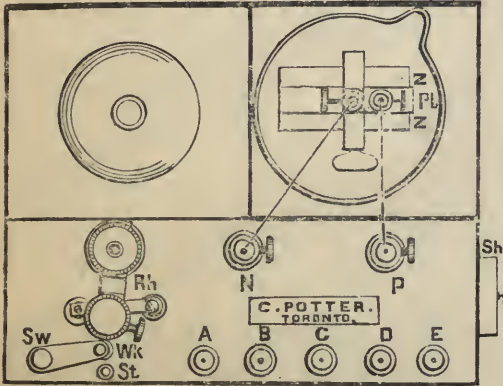


FIG. 2. Diagram of continuous coil faradic machine. Z. Single battery cell. P. N. Poles of primary wire. Rh. Vibrating rheotome. Sw. Switch for tapping primary and intermediate coils. A. B. C. D. E. Posts for tapping continuous coil. Sh. Soft iron sheath for covering induction coil.

A. B. *strong* is well borne, the switch is turned and the sheath pushed in; the negative cord is removed from B and connected with C, and the current A. C. *weak* gradually increased to A. C. *strong*. After a first or second application A. C. *strong* may be applied to the forehead as well as to the crown of the head. This current may also be applied to the side of the neck. To the back of the neck and to the abdomen A C may gradually be increased to A D; and to the entire length of the spine A D may be increased to A E.

In treating a sensitive patient for the first time, the application of the positive pole is confined to the back of the neck, and the hand used as the electrode. As tolerance is established, the application is extended to other parts and the strength of current very gradually increased.

In regard to the frequency of the applications in general faradization, it is recommended in most

\* Beard and Rockwell state that they find from experience that the continuous coil faradic battery is the best for general faradization, and the separate coil battery best for anaesthesia.

intelligent and appreciative consideration from its first introduction, and especially by the profession in the United States; in Germany it was received with much interest and appreciation, and has received the endorsement of Prof. Erb of Heidelberg, Dr. R. Väter Von Artens of the University of Prague and Benedict of Vienna.

My own experience with this method of general electrization is necessarily limited. I have made use of it, with benefit, in some cases of hysteria and debility of the vital powers associated with eye-disease, and recently in a case of posterior spinal sclerosis associated with paralysis of the optic nerves.

**CENTRAL GALVANIZATION.**—The object of central galvanization is to bring the whole central nervous system under the influence of the galvanic current at one sitting. One pole, usually the negative, is applied to the epigastrium or sternum, and kept in that region, while the other is applied over the head, neck and spine.

Since the time of Remak, electro-therapeutists have applied the galvanic current to the head, neck and spine, but only in the form of localized electrization. Beard and Rockwell, however, claim for central galvanization a distinct and separate position among the different methods of using electricity, and claim that although sedative and tonic effects are produced by localized galvanization of the nerve centres, they are inferior in quality and degree to those derived from central galvanization, and that this conclusion is derived from actual trial and observation of cases.

In the method of central galvanization, it is assumed, *first*, "that the nutrition of the central nervous system will be improved by passing through it a mild galvanic current." That the constant current so used is "something more than a stimulant,—it is a *tonic* with a powerful *sedative* influence." *Second*, that in the majority of cases for which central galvanization is used, the nerves are in a condition of abnormal irritability, and need the calming effect of *anelectrotonus*, hence the pole is applied to the head, neck and spine. *Third*, "that in a very large number of diseases, and especially of the so-called functional diseases, the pathology is not exclusively confined to the brain, or sympathetic, or spinal cord, but the whole central nervous system is invaded by a condition of exhaustion and irritability." That

this is true, "not only of hysteria, chorea, and of many affections allied to them, but of certain states of neuralgia, and a number of diseases of the skin."

*Fourth*, "that a large proportion of the most frequent and distressing chronic diseases, as hysteria, hypochondria, neurasthenia, chorea, epilepsy, nervous dyspepsia, neuralgia, and many forms of insanity, are so obscure and subtle in their pathology that it is impossible to discover the precise seat of the disease in any given case, even where some local pathological condition may exhibit, and consequently we can never know just where the current should be localized," hence localized electrization would probably fail to meet the requirements of the case. Central galvanization requires some familiarity with the construction and management of the galvanic battery, and much greater skill and care than is required in general faradization. The galvanic current is a potent agent for good or for evil and it must be used with caution. Sudden interruptions of the current are to be avoided: and it must not be forgotten that the sudden opening of the circuit, either by the abrupt removal of an electrode or otherwise, causes as great a shock to the nervous system as the sudden closing of the circuit.

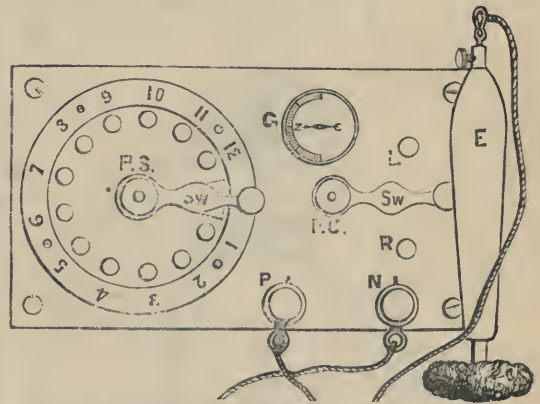


FIG. 4. A twelve-celled Bartlett battery. P. S. Current selector. Sw. Switch. P. C. Pole-changer. Sw. Switch of pole-changer. R. Positive. L. Negative. P. N. Screw posts for electrodes. (P. Positive. N. Negative.) E. Sponge electrode, with wooden handle.

Any battery that gives a uniform current, and is provided with an arrangement for gradually increasing and decreasing the number of cells in circuit without breaking the current, will answer for central galvanization. The stationary battery, the cabinet battery and the portable battery, can all be used for this purpose. The two former give



the most uniform current, but the latter is by far the most convenient, and is, in fact, the only practical one for general practitioners. The battery that I am most familiar with, is the portable Bartlett battery. I find it quite convenient, and sufficiently effectual. The switch of the current selector (P. S.) is made sufficiently wide to cover two points, and a spring keeps the two in contact; by this contrivance the number of cells in circuit may be increased or diminished without breaking the circuit, and a rheostat may be dispensed with. When the switch of the pole changer (P. C.) is turned forward (to R.) P. is the positive pole and N. the negative. When the switch is turned to L. the poles are reversed. The covers of the electrode-connecting-cords should be distinguished by different colours; the same colour should always be connected with the same pole, and the pole-changer should always be turned to R. Small rubber tubing makes a very durable covering for the connecting wires. In the absence of a spinal electrode, one may be extemporized by attaching a large flat electrode to a strong copper wire, half a yard in length, and covered by rubber tubing, or kerite-covered wire may be used. In central galvanization I make use of three electrodes; a flat electrode, four



FIG. 3. Central Galvanization. Second position of the positive electrode.

under garments), a spinal electrode with a strong insulated wire handle, and a smaller electrode with a handle for the head and neck.

The negative pole being applied over the solar plexus the positive is placed at the top of the head and the strength of current increased from 0 to 6 or 8 cells, or until a sour or metallic taste is perceived in the mouth. The full strength from the 6 or 8 cells is allowed to flow for about one minute when the strength is reduced to 0. The cranial centre must be well wetted previous to this application. A current of similar strength is sometimes applied to the forehead also. The positive electrode is next applied to the mastoid process, and the strength of current gradually increased to 8 or 10 cells; the electrode is then passed down the inner border of the sterno-cleido-mastoid muscle, say of the right side, from the ear to the clavicle, for the purpose of affecting the pneumogastric and sympathetic. Without removing the electrode the current may be applied to the opposite side by passing the electrode across the sternum and up the border of the sterno-cleido-mastoid to the auriculo-maxillary fossa of the left side, and giving two or three minutes to each. The electrode is now moved backwards to the cervical spine and allowed to rest over the region of the cilio-spinal centre for about two minutes with the strength of the current increased to 15 or 20 cells. The séance is ended by giving about five minutes to the galvanization of the spine, the electrode being passed up and down its entire length. If the patient is bald, or the hair thin and well wetted, the current may be applied all over the upper part of the head, and the entire séance may be conducted without removing the electrode or breaking the current. These manipulations are, however, more or less interrupted or interfered with by the dress of the patient. But when flat adjustable electrodes are used the dress is not much interfered with, as they can be passed beneath the clothing. The spinal electrode is flat, and is provided with a long handle. The flat electrodes are metallic, and are provided with flannel covers which can be easily removed, washed, and replaced.

inches in diameter without a handle, for the stomach or sternum, (to be inserted beneath the

In comparing central galvanization with general faradization, Beard and Rockwell claim most important differences. In general faradization,

although the application is made over the entire trunk and to the central nervous system, special attention is given to the muscles of the abdomen and extremities. In central galvanization 'the chief aim is to affect the central nervous system,' whereas in general faradization 'the chief aim is to affect the muscular system,' although both the central and the peripheral nervous system are affected by the latter. Hence, in cases where great muscular debility is the leading system, the faradic current is primarily indicated; and in cases where nervous exhaustion is the leading symptom, central galvanization is more especially indicated. In many cases, however, it is found that the best results are secured by alternating or combining the two methods.

It is claimed, moreover, that there are cases not a few, 'where all forms of faradization, and where local galvanization of the nerve-centres irritates rather than benefits, but in which, under the method of central galvanization, there is sure and constant improvement.'

It has been objected to this method of electrization, that all forms of galvanization of the nerve-centres are dangerous. Dr. Althaus states that he has applied the galvanic current experimentally to the head and neck, and that unpleasant results had followed these experiments. Dr. Anstie says that the cervical sympathetic should be galvanized with very great caution, or not at all; and Dr. Brown-Séquard reports having tried to galvanize the cervical sympathetic of a friend in 1855 for violent headache, but the galvanic current produced a dangerous syncope.

It is stated in reply that all potent remedies are dangerous when used dangerously; that nothing is easier than to produce these symptoms in susceptible patients; 'provided strong currents are used or interruptions are allowed, or the applications are prolonged;' but that when the treatment is commenced with very mild currents and great pains taken to avoid breaking the circuit, the most sensitive and delicate patients can bear and be profited by the treatment.

## SUBCUTANEOUS INJECTIONS OF ERGOTINE, IN MYOMATOUS FIBROMAS, AND CHRONIC HYPERTROPHY OF THE UTERUS.

*Translated from L'Union Médicale du Canada,*

BY THOS. R. DUPUIS, M.D., KINGSTON, ONT.

In four women who were affected with interstitial fibromas in the body of the uterus, a diminution in the size of the tumor, and an arrest of the metrorrhagia was obtained by this means. In the case of two fibromas the size of a chestnut, situated in the neck of the uterus, the results obtained were not such as could be desired. In six sub-peritoneal tumors, varying in size from that of a chestnut to that of a gravid uterus, no essential amelioration resulted from the injections; their volume remained the same, although the hemorrhages were somewhat less frequent. In hypertrophy of the uterus without any complication, the ergotine was successfully employed fourteen times. In hypertrophy resulting from failure of the uterus to return to its original condition after parturition, or more particularly after abortion, it has shown itself especially serviceable. In uterine infarctions, and in cases of membranous dysmenorrhœa its use has produced equally good results.

The author, after numerous trials, has come to prefer the preparation of Werniet, employed with the necessary precautions. In the majority of the cases referred to above, the injection was followed by a very prompt amelioration of the symptoms. Several of the patients became pregnant before the termination of the treatment; amongst the rest the improvement obtained, continued. Three of the patients—one having a fibroid, and the other two chronic metritis—found it necessary to have recourse to treatment again at the expiration of about a year and a half. Two women who had been thus treated died a length of time after the last injection. In one of the cases the fibroma was found to be surrounded by a calcareous shell (*coque calcaire*) in which were included also, the large vessels of the vicinity. In the other case, it was inclosed in a network of connective tissue in which were apparent fine muscular fibres, some in a state of fatty degeneration, and in several places others in a state of calcareous degeneration. The author is of opinion that, during life, there was a marked ischæmia of the morbid products.

NOTE—Since this article was in type, the 3rd edition of Beard & Rockwell's work on medical and surgical electricity has been issued, in which I am pleased to observe a respectful reference to the writings of Dr. Poole of Lindsay on his theory of the action of electricity. In the preface (written by Dr. Rockwell,) occurs the following:—"In regard to the theory of Dr. Thomas W. Poole, of Lindsay, Canada, that electricity is essentially a paralyzing agent, and that its sedative and tonic effects are due to its paralyzing power, this may be said: That, granting for a moment the full claim, it yet remains, that practically, we do obtain from the use of electricity sedative and tonic effects similar to those which we obtain from a vast number of remedial agencies. Allowing that these effects are resultants of a paralyzing influence it is none the less justifiable, on scientific and practical grounds, to use the terms sedative and tonic."

(To be continued.)



He concludes that when there is no improvement perceptible after the first few injections of ergotine, recourse should be had to some other system of medication. (*Archiv fur Gynakologie, Bulletin Général de Thérapeutique Médicale et Chirurgicale,*) etc.

## OSTEO-PLASTIC OPERATIONS.—PIROGOFF.

BY DR. ALEXANDRE TAUBER, ASSISTANT PROFESSOR  
IN THE UNIVERSITY OF VARSOVIA.

(Translated from the *Progrès Medical*, by C. W. COVERNTON, M.D., M.R.C.S.E., Toronto).

We desire to draw the attention of French surgeons to an operation which, performed frequently in Russia, Germany and England, nevertheless has but little repute in France. If a few surgeons, notably M. M. E. Boekel of Strasbourg, and Leon Le Fort of Paris, practise this amputation of Pirogoff, the great majority of operators abstain from performing it, and some even whose opinions are held as authoritative, criticize it. Accustomed as we have been to see it extolled and utilized with advantage in our country, it is not without some surprise—let it be said without the least appearance of criticism—that during the four months we have devoted to attendance on the surgical clinics of Paris, the practice of the hospitals, and the amphitheatres of demonstration, we have not seen it utilized on the living and scarcely even demonstrated on the dead subject.

The advantages, however, of this operation are incontestible, and seem to us well calculated to have attracted for it a greater amount of favor from French operators. Attached as military surgeons to the Russian ambulances during the last Russo-Turkish war, we were able to observe a large number of wounded with rifle balls in the foot or extensive frost-bites. These last were of especial frequency when our troops were shut up in the passes of the Balkan, of Chipka and of Arapkarak. Under these circumstances, our colleagues practised very frequently the osteo-plastic amputation of the ankle, I having performed it eight times. The Russian military surgeons were not the only ones to practise it, and at the time of a visit that we made in January, 1878, to the Turk-

ish hospital of Kazanlik, they showed us four amputations by the process of Pirogoff. At the end of the campaign, in our visits to the hospitals of Nicolaieff, Odessa, Karkoff, Moscow, and St. Petersburg, we also saw a number of wounded who had undergone amputation of the foot by different methods, and in particular by that of Pirogoff.

After the war, in a paper published in the Russian "Military Medical Journal," entitled, "On the Artificial Lengthening of the Extremities," May and June, 1878, and in other writings, we drew the attention of our colleagues to the importance of utilizing the materials of the war for a comparative study of the different classic methods of amputation of the foot. Since then several Russian and foreign journals have published a large number of observations of amputation of the foot by the different methods, and in particular by that of Pirogoff.

As it will be perceived, the materials furnished by the last war on this operation are of sufficient importance for claiming a deep and extended study, and we purpose undertaking it soon, and making it known to our French colleagues. For the present we content ourselves with relating concisely our eight personal observations. We curtailed from our description all useless detail and insist only on the points important to be remembered. It is not without importance to note first, that during this war we found ourselves habitually in such conditions that we could not follow the patients operated upon. It was thus that those of Chipka (August, 1877), re-united at Gabroff, Tironoff, Sistoff, were at first kept for several weeks in our hospitals. When their convalescence was established, we had them transported to the nearest hospital, where they received the care of our colleagues, who kept us informed of the result of our operations. They waited until the cure of these wounded was established, to distribute them over Russia. Those of Plevna remained for more than three months, receiving treatment at our Provisional Hospital in Bagotte, and there we were enabled to make autopsies on those who had succumbed after operations. In eight cases, five times we practised operations by Pirogoff's procedure, and three times by that of M. Le Fort. Three operated on succumbed; one of these last had been operated on by Pirogoff's plan, the remaining two by that of M. Le Fort. We should

think it unjust to consider the method of the French surgeon as having furnished a greater mortality than that of Pirogoff, the three patients operated on having succumbed to purulent infection. Three of the five remaining wounded were again seen by us a long time after the operations. One had been operated on by the method of Le Fort.

*Observation I.*—Soldier of 22 years of age, wounded the 9th of August, at Chipka. Transported to Divisional Hospital No. 14, three days after having received the injury. A ball of large calibre, after having shattered the astragalus, had penetrated the tibio-tarsal articulation without making an aperture of exit. Impossible to find the foreign body; articular suppuration abundant. Fourteen days after the wound, the inflammatory symptoms persisting, we persuaded the man to submit to an operation. We then opened freely the tibio-tarsal articulation. The astragalus was badly fractured; the calcaneum equally injured, presented itself in the aspect of a pulpy mass. The articular surfaces of the astragalus and cuboid were in some places entirely destroyed. In the rest of their extent they presented a red color, resembling acute inflammation of cartilage. Osteo-plastic amputation of the ankle by Pirogoff's method resolved upon. Curvilinear dorsal incision, heel flap bounded by a stirrup-shaped incision commencing half an inch in front of the inner malleolus and ending at the external malleolus, vertical section of the calcaneum. We preserve the largest part of this bone. The section made, fearing to leave in the heel flap a suspicious part of the bone, we scraped off by the aid of a curette all the spongy part of the retained bone. There remained then only in the flap the posterior tuberosity of the os calcis, and a part of the periosteum. The tibia and fibula were then sawn horizontally above the malleoli, after having taken care to separate them from their periosteum. A large drainage tube placed in the posterior angle of the wound; union of the calcaneo-tibial surfaces by means of thick catgut suture; silk sutures in the cutaneous wound. Wound left open and carefully disinfected several times a day with a solution of phenic acid. Heel supported with folded gauze, kept in position by a few turns of bandage. In this way the see-saw motion that the weight of the heel would have given to the stump was avoided,

which would have compromised success of union by first intention of the skin.

Everything went on well. The fifth day after the operation all the cutaneous sutures were removed and union of the skin by first intention was ascertained. The eighth day, application of a plaster bandage, pierced with holes, through which the extremities of the drain penetrated. At this period the patient had to undergo the fatigue of a transportation of 50 kilometres—from Gabroff to Tirnoff, through a very mountainous country. During the journey the patient was placed in a litter furnished with springs. We are unaware of the length of time he remained in the hospital at Tirnoff; but seven months afterwards, in March, 1878, making the passage in a steamboat from Odessa to Nicolaieff, the wounded man recognized us and showed his foot. He not only walked easily without a stick, but even ran on the deck of the boat, showing his companions that he was able to outrun a soldier unmaimed. The heel was shod with a leather stocking having in the interior a soft cushion. In examining the stump we had difficulty in believing in so perfect a welding of the bones. It was regularly rounded and its inferior surface covered with a hardened skin. The cutaneous cicatrix, linear and rose colored, corresponded with its antero-posterior part. The heel had no disposition to incline backwards and there was no pain in walking. We think it well to remark here, that in our osteo-plastic operations we leave always untouched—not only the tendo-achilles, but that we take care not to open the serous retro-calcanean bursa situated in front of this tendon.

*Observation II.*—Jean Fedorenko, wounded by a ball on the 18th of July, 1877, below Plevna; transported to the provincial military ambulance No. 50, at Sistoff. The form of this wound resembled much the preceding one, but this patient had only the astragalus shattered. The calcaneum did not appear to us to have been touched by the projectile. The course of the wound was from before backward. Near the aperture of exit, the sheath of the tendo-achilles had been wounded, the lesion equalled the breadth of three fingers from the tendinous insertion.

The Pirogoff incision. In this case we sawed with a narrow saw, the calcaneum, very obliquely from behind forward and from above downwards,



from the border of the posterior astragalo-calcaneal surface to the cuboid surface. The two malleoli were equally sawn obliquely, but in the contrary direction—from before backwards. The coaptation was equal and perfect; we maintained it by the aid of an osseous suture of catgut. From the commencement the patient did not progress well. He had fever; sometimes the temperature went up as high as 40° Cent. (104° F.). It was necessary several times to make incisions to give exit to purulent collections in the posterior part of the limb situated in the direction of the flexor muscles. Later on, immobilization by means of a fixed apparatus plastered from the stump and legs as high as the knee, frequent washings of the wound with a solution of phenic acid through apertures in the apparatus, brought about a sensible amelioration of his condition. The 13th of October, the 41st day after the operation, we had to leave Sistoff and our patient. The cutaneous wound had cicatrized by the second intention. The angles of the wound were still occupied by drains, which gave issue to a thick yellow laudable pus. The wounds resulting from incisions into the purulent collections in the limb had granulated and were in process of cicatrization. The calcaneum appeared to be completely welded with the corresponding surface of the tibia. Lateral and antero-posterior pressure gave no motion and occasioned the patient no pain. In April, 1878, (seven months after the operation) we received a letter from one of our colleagues at Krementchug, informing us that Jean Fedorenko was completely cured and that he walked very well.

*Observation III.*—An artilleryman wounded by the explosion of a grenade which struck his left foot, was transported to the hospital at Sistoff. His foot was completely crushed; the tibio-tarsal articulation was intact, but the soft parts and the anterior part of the bones of the foot as far as Chopart's line were badly ground up. In this case we thought it best to perform an osteo-plastic amputation of the limb. The same operative procedure as in the first case and same treatment as in the preceding cases. Heel supported by the aid of a few turns of bandage, and rigorous disinfection of the wound, left nearly open. Three days after the operation, the grafted flap of the heel became black. The gangrene which appeared at first near the borders of the wound, spread rapidly over the

leg. We immediately removed the sutures, but without any result. Patient died from septicemia. The cause of the gangrene was sought in vain at the autopsy. The posterior tibial artery had not been injured. During the operation, we had noticed it pulsating in a distinct manner near to the internal malleolus. The calcaneal flap could not have exercised pressure on the posterior part of the flap, as it had been very easy to pull it down. We consider then that septicemia may be viewed as the sole cause of the gangrene of the flap; the circumstance confirming this opinion was that the same ward contained another patient, on whom we had made re-section of the knee after the plan of Moreau, who did well for ten days following the operation, after that time gangrene of the skin displayed itself above the patella, spread upwards to the thigh and produced a general infection of the organism.

*Observation IV.*—In the month of August, 1877, arrived in the military ambulance there, a soldier in whom a ball had traversed the right tibio-tarsal articulation from without inwards and broken the two malleoli. At our first examination we were able to determine purulent arthritis of the wounded articulation, a lesion of the calcaneo-astragaloid and calcaneo-cuboid articulations. The wounded man had a great deal of fever. We immediately drained the whole tibio-tarsal and tarso-metatarsal articulations, removed the splinters and simplified the wound. This intervention brought about no result. Fearing then that our patient might succumb to pyæmia, we decided on practising re-section. After having made two lateral incisions, following the axes of the malleoli, we introduced the finger into the articulation. The astragalus was completely separated from its attachment to the neighboring bones. We then abandoned the idea of re-section, to have recourse to the osteo-plastic amputation. In fact, contrary to the opinion of Hueter, who admits that the ablation of the astragalus does not constitute a contra-indication to re-section, the experience of the Servian war of 1876 has demonstrated to us, that in these cases we obtain occasionally a swinging articulation, which renders the foot inapt in its functions. To perform this operation, with the result doubtful, and to expose our wounded patient (already exhausted) to a suppuration of long duration, seemed to us much less rational than to practise the osteo-

plastic amputation. We therefore decided for the latter operation. The dissection of our dorsal curvilinear flap discovered to us an alteration of the bones of the limb above the base of the malleoli. The tibia and fibula were sawn two inches above these projections and very horizontally. The calcaneum was afterwards cut from behind forward, and horizontally, as recommended by Professor Le Fort. The course from behind forwards, of the narrow bladed saw of Langenbeck, appearing to us difficult and liable to the danger of wounding the tendon and soft parts of the heel, we considered it best to abandon that part of the procedure. The astragalus extirpated, an assistant laid hold of the calcaneum with re-secting pincers, and with a chain-saw we detached the superior surface of the os calcis as far as the cuboid. To terminate the operation, a flap of sufficient length was cut on the heel. In this way the sawn surface of the bones of the leg was about twice less extended than the corresponding surface of the calcaneum. We could not therefore fix the bones by suture as well as in the preceding cases. A large drainage tube was placed in the wound and we re-united the lips of the calcaneous section. The case proceeded badly. Soon the superficial sutures fell out. Pus in abundance was interposed between the bones and prevented their rapid union. It was necessary to employ straps of diachylon to sustain the calcaneum, and to maintain in contact the lips of the wound. Towards the end of the fifth week after the operation we were obliged to leave our patient, whom we left in the following condition:—The borders of the calcaneous wound were covered with healthy granulations; at the angles of the wound where the drainage tubes were situated, escaped a great quantity of thick and well-formed pus. The calcaneum was not soldered to the bones of the leg, on which it lay mobile. Concerning the general condition of the patient, it was satisfactory. Six months after the operation, we were enabled to examine the patient at the provisional military ambulance at Nicolaieff. He told us that the wound had suppurated for two months. A circumstance that struck us, was that he did not use the right leg, but walked on crutches. This limb was flexed on the thigh; when he attempted to place his weight on the right foot, he experienced pains in the cicatrix, lost his equilibrium and fell. An attentive examination revealed

to us that the extremity of the tibia was grafted with the anterior extremity of the calcaneum, and that the posterior part of the latter bone see-sawed above, forcing the patient to rest only on the angles and inferior border of the bone. The right leg was eight centimetres shorter than the left. In the ambulance they had attempted to apply a protective apparatus, but the patient preferred assisting himself with crutches.

### THE VOMITING OF PREGNANCY.

BY R. W. BRUCE SMITH, M.D., SPARTA, ONT.

I have been induced after careful consideration to communicate from my case book a brief history of the treatment of a few cases of obstinate vomiting in pregnancy which came under my notice during the past year. I have arrived at this conclusion, not from any opinion of my own, that the treatment pursued was in any way novel, but rather to give my own limited experience in the use of a remedy which I have found most superior in relieving the distressing nausea and vomiting so common to the pregnant.

On March 25th, I was called to see a lady twenty nine years of age, multipara, who had early that morning arrived in St. Thomas from some part of Michigan, and had only reached her destination when vomiting of a most obstinate character set in, and for about eight hours the nausea and vomiting continued almost incessantly. I found her about three months advanced in pregnancy, and at that time greatly debilitated on account of the violent retching which had lasted several hours. From the brief history of the case which I could gather, I learned that in her previous pregnancies, two in number, she had been greatly affected, and had resorted for relief to several physicians in the place where she had resided. In the first pregnancy she obtained relief and had recovered and gone the full term, the nausea and vomiting being relieved by some bitter tonic, likely calumba or quassia, which deservedly, I believe, have a fair reputation in the treatment of such cases. But in the second pregnancy, it had been found necessary to produce premature labor before relief could be obtained. I saw at once from the state in which I found the patient that I might, perhaps, have to resort to a similar mode



of procedure. I determined, however, to use every effort to prevent the necessity of premature delivery, and resorted to medicines which have been highly extolled by good authorities. I prescribed

R Cerii Oxalas . . . . . grs. viii.  
Bismuthi Trisntras . . . grs. xx. M.

Div. in Chart 3.

Sig.—One powder to be taken every two hours.

I called again in about five hours and found the patient sleeping soundly. I was called in again next morning about 10 o'clock and found her condition no better than on the previous day, but persisted in the administration of the same medicine, although the benefit could scarcely be seen. In two hours, changed the treatment and prescribed a drop of the wine of Ipecacuanha in a teaspoonful of water every hour. Called again about 3 p.m., and was pleasingly surprised to find that the change was something wonderful. The retchings and vomiting had entirely ceased and that evening she was able to partake of nourishment and continued to improve. She afterwards informed me that on the third day there was a slight return of the nausea, but one dose of the medicine was all that was necessary. This woman continued to the end of her term without any return of the sickness from which she had suffered so much.

In the second case, there was much of a repetition of that just related, with the exception that the symptoms were not quite so severe, and being a primipara there was no history of such sickness before. She had tried many domestic remedies for relief, but the symptoms continued and were only relieved by vinum Ipecac in the same doses as in the former case. I have by me the notes of two other cases coming under my notice where this remedy produced the desired effect almost immediately.

My own experience has, perhaps, not been sufficiently protracted to enable me to cite very many cases in which I have proved the efficacy of this treatment. But I have gleaned sufficient from my knowledge of these cases, to come to the conclusion that the wine of Ipecacuanha in very small doses has a surprising effect in the treatment of the vomiting in pregnancy. I have not arrived at this conclusion without the greatest scepticism,

but after repeated successes, I am lead to believe much benefit may be derived from the use of the drug mentioned when administered in the manner before stated.

## METHODS OF HARDENING MATERIAL FOR MICROSCOPIC SECTIONS.

BY C. SHEARD, M. B. M. R. C. S., ENG.—TORONTO.

Lecturer on Microscopy in Trinity Medical School, Toronto.

It is the object of the present paper only to point out briefly, a few hints which may be serviceable in the manipulations and preservation of morbid growths in connection with their microscopical examination, in order to determine correctly their histology. I may at the outset remark, that it is impossible to make a proper microscopical examination of any tissue or organ which has not been submitted to a proper process of hardening, and that this process usually requires from *eight to ten* days, according to the nature of the tissue and the character of the reagents used. I deem this remark necessary, inasmuch as I frequently have had very excellent medical practitioners leave me growths or large tumours to examine microscopically, and call next day for the results. I will consider the best means for hardening the various growths according to their positions, or the tissues with which they are connected, taking up firstly—

*Morbid conditions of the skin*, including growths from subcutaneous tissue which invade the rete Malpighii, Epithelioma, &c., of skin. For these growths I find the best fluid for general use is methylated spirit. Dilute spirit in the proportion of two parts spirit, to one part water being employed for the first three days, and then the fluid changed and ordinary methylated spirit substituted. When I say the tumour is to be placed in spirit, I do not mean that a large mass of epitheliomatous cancer is to be simply thrown into spirit and left there for a week, but that the growth must be first cut into pieces about one inch square and these placed in the spirit—this is to allow the fluid to permeate all parts of the tissue, and thus preserve them in an *equal* degree of freshness; this is an important step, and one usually forgotten. I remember on one occasion having had sent to me by Dr. Hugh-

lings Jackson, an adult human brain, where death had taken place during an attack of chorea—the object being that the corpora striata and optic thalami might be searched for embolism. The brain was preserved entire in spirit, the result of the preservation being that the central parts were all rotten, and hence a very valuable specimen lost. If a small portion only of a tumour is kept for examination, take a fair piece, not merely a thin slice from the surface or bottom, but a portion about three-fourths of an inch in thickness, extending from the peripheral part of the growth to the centre so that the histological condition of the various parts of the growth may be studied, and also its method and area of invasion. In many cases such a portion is absolutely necessary in order to thoroughly make out the character of the growth—for example—in an epithelial cancer, if the peripheral part only were submitted to microscopical examination this might be only a chronically inflamed area, and we might conclude that the growth was an innocent one.

For very hard subcutaneous growths, such as scirrhus tumours of the breast, and chronic inflammatory masses, where we wish to study the relations of the rete Malpighii to the growth, I prefer a very dilute solution of chromic acid, say one-sixth or one-tenth per cent. in water, as this causes less shrinkage than the methylated spirit, and renders the sections less brittle, and also does not interfere with their staining, since a section which has shrunk under the action of spirit will not take staining fluid nearly so well as one in which the shrinkage is not so great.

For pathological changes in the alimentary canal, I prefer a mixture like the following:—One part chromic acid solution, one-sixth %, two parts methylated spirit, and one part water. The material should be left in this fluid for five or six days, the fluid being changed occasionally in the mean time.

For pathological changes in the liver, I prefer a solution of chromic acid, one-sixth %, and the material may remain in the solution for six or eight days.

For pathological changes in the kidney, I use a 5% solution of mono-chromate of ammonium, and leave my material in solution for eight or ten days. I find this reagent most effectual where it is desirous to study, especially the relations of the

tubules and any pathological changes in connection with them. For vascular changes, and for amyloid changes, I prefer Müller's fluid, the composition of which is potassium chromate two parts, sodium sulphate one part, water two parts.

For showing pathological changes in connection with the brain and spinal cord, I think the best hardening fluids are either a 2% solution of potassium bichromate or ammonium bichromate, the material in these requiring usually from a week to ten days.

After taking any material from a hardening fluid, it is generally necessary to leave it for an hour or two in clean water, and when chromic acid or chromates have been employed, it may be necessary to leave it even six or eight hours in water, until it is washed pretty free from the yellow colour which is imparted to it from the chromic acid, as the presence of the latter interferes with the action of most staining fluids. After the material has been thus washed, some of the best pieces may be selected and placed in absolute alcohol for ten or fifteen minutes, and imbedded in blocks of imbedding mixture. For imbedding, I use an equal mixture of white wax and olive oil. Of imbedding mixtures there are any number, and there are unfortunately too many microscopists who pride themselves in having a special imbedding mess for almost every tissue and organ of the body; such microscopists have, as a rule, little knowledge apart from imbedding, and I hold the exceptions are rare indeed where one good imbedding mixture cannot be made suitable on all occasions, and any one is good which is neither too brittle nor too soft, and is easily cut with a sharp razor. The above mixture certainly has the advantage of being a cheap one. These notes, I think, if attended to, will be found to give satisfactory results in preparing specimens from tissues which have undergone ordinary pathological changes, and I trust they may be of service to any of your readers who are now endeavouring to confirm their diagnoses by the use of the microscope.

CHLOROFORM COUGH MIXTURE.—This is prepared as follows:

R	Morphia acet.....	gr. iij
	Tinct. belladonnæ.....	ʒ ij
	Spts. chloroformi.....	ʒ vi
	Syr. senegæ.....	ʒ j
	Syr. pruni virg. ad.....	ʒ iv

Dose, one teaspoonful three times per day.



## Correspondence.

## ONTARIO COUNCIL MATRICULATION.

To the Editor of the CANADA LANCET.

SIR,—There can be, I think, little doubt that the Medical Council intended to prescribe for Matriculation, as your recent editorial in the LANCET states, the Intermediate Examination with *Latin* as a compulsory subject. Ordinary Intermediate candidates are all obliged to pass in the nine subjects composing Groups I., II. and III.; but they are allowed to exercise an option as to what additional subject or subjects they may take. They may choose Group IV., comprising Natural Philosophy, Chemistry and Book-keeping—or Latin, French or German.

As I understand the intention of the Medical Council, it was designed to make the choice for the candidate, instead of allowing him to make that choice himself. But, as the Regulation at present stands, it compels him not only to take the compulsory subjects of the Intermediate Examination, but also two of the optional subjects, viz.: those of Group IV. and Latin, and in addition to this—one of the other two optional subjects—French or German. It is out of the question to expect that the great majority of High Schools can, under such circumstances, undertake to prepare candidates for the examination prescribed. The Intermediate classes in these schools are so arranged that instruction in the optional subjects is to a great extent simultaneous. While one portion of the class, we will say, is engaged with a Latin lesson, those who do not take Latin may be occupied with Natural Philosophy, while still another division may be under the charge of another master studying German or French. It would be too much to expect, that for the sake of one or two pupils who, by such an extraordinary Regulation as that under consideration as it now stands, are compelled to take three out of the four optional subjects, the entire arrangements of any High School should be completely disturbed. In fact, in most schools, it would be a simple impossibility to accomplish the work. The task of arranging a practicable Time-table is, at best, a difficult one; but if pupils are to be prepared for such a test as the present Regulation prescribes, the most efficient and experienced organizers would shrink from attempting it.

It is very greatly to be desired that the Medical Council should, either through its Educational Committee, or in some other manner, without one day's unnecessary delay, declare what is the real meaning and design of the Regulation. If it is, as the Editor of the LANCET and most of those who have given the subject any attention suppose, there will be no difficulty in candidates being prepared in our High Schools, and the Council may be perfectly satisfied with the rigor of the examination. But if, on the other hand, the latter part of the Regulation specifying in detail the subjects of examination conveys the true interpretation, it will be necessary for candidates to qualify themselves for this severe test by home study or private tuition.

It will be found, that under the present system of conducting the Intermediate Examination, it would be impossible for a candidate to take three out of four of the optional subjects, because the candidates taking these various subjects are frequently under examination at the same time. This shows conclusively that the details of the Regulation, in their present form, cannot possibly be correct.

Yours respectfully,

W. TYTLER,

*Head Master, Guelph High School.*

Guelph, Jan. 18, 1881.

### GREAT MEETING OF THE FACULTY IN OSHAWA.

To the Editor of the CANADA LANCET.

SIR,—On returning from my travels, I learnt that a large meeting of the medical faculty of King's and Queen's Division was to be held in Oshawa on the 15th of December, to take into consideration the propriety of forming a Provincial Association—amending the existing tariff, and for other purposes.

Circulars were sent by Dr. Coburn the Secretary, by order of Dr. Allison the President, to the members of the Division Association, requesting their attendance at the time and place indicated. You will mark my surprise when I say that the meeting was but very thinly attended, only the President and Secretary putting in an appearance.

However, the two officials were bent on busi-

ness. The Secretary, after waiting fully two hours, requested the President to take the chair, which accordingly was done. The President, an old medical practitioner of upwards of 50 years' standing, in his usual stentorian voice, ordered the Secretary to call the roll. "Yes, sir." "The President." "Here, sir." "I'm through, Mr. President." The old official then, with much dignity, called the meeting to order, and proceeded to business—no response.

He then, with much feeling, which he scarcely could suppress, delivered the following oration :

"GENTLEMEN,—In addressing you on this momentous occasion, it is my imperative duty to enter my caveat against the members of the Association who have so ungenerously absented themselves from this important meeting; their conduct is highly reprehensible: and I hope that they may live long enough to repent of their indifference to what was intended for their especial benefit. (Hear, hear, from the Secretary.) I am proud to say that I represent the most intelligent medical constituency in the Province, and it grieves me much to think that anything should come in the way to prevent any one from attending on such an important occasion." (Hear, hear, from a voice that had just arrived in time to witness the termination of the proceedings.)

The Secretary at this stage looked rather grim, intimating that the chair could not be vacated until he read a huge bundle of letters of apology from many absent members. Some had important cases to attend to—others had to ask permission of their wives before being allowed to go—another had married a wife and could not go. The President at once ordered the Secretary to put on the brakes, wind up the affairs of the Society, and adjourn *sine die*. It is deeply to be regretted that, while we see every Division Association in the Province holding their regular meetings, so much apathy is shown by Kings and Queens that they will not spare a day or two in the year to promote the general interests of a noble profession which has done so much for the alleviation of human suffering and distress.

Yours, &c.,

REPORTER.

### OLIVE OIL FOR THE REMOVAL OF GALL-STONES.

To the Editor of the CANADA LANCET.

SIR,—Will you allow me space for a reply to Dr. Kennedy's letter, under the above heading, in the CANADA LANCET for this month?

If Dr. Kennedy will order a large dose of olive

oil to any patient of his, whose bowels are constipated, and if no evacuation takes place within a *shorter* period than twenty-four or thirty-six hours, as happened in the case of Robert C., he will find in the evacuations produced, a surprising number of the so-called gall-stones whether there were any symptoms of liver disease or not. If, however, the bowels be not constipated and the evacuation occurs within an hour or two after the oil has been taken, he will probably not find any of these bodies, or but very few of them, in the discharges, perhaps only a little bile or mucus, no matter how often the dose may be repeated, or in what quantity. What I contend for is, that these bodies are produced by the secretions of the alimentary canal upon the oil itself, and that time is as necessary to bring about this change as it is in the ordinary process of digestion. I have, on several occasions, ordered large doses of olive oil, as an aid in the removal of scybalous matter that had accumulated and become impacted in the intestines in which these bodies were seen in the discharges more or less abundant. I must confess that I was very much surprised at the time with their peculiar appearance, and do not wonder that a superficial examination of them would lead Dr. McLean, of Michigan, into the same error as Dr. Kennedy in mistaking them for gall-stones. That these bodies are only fatty concretions and not gall-stones is the acknowledged opinion of our best medical authorities who have made any note of them, and I am not aware that this opinion has been called in question, except by the gentlemen above mentioned. If Dr. Kennedy conceives them to be gall-stones, and publishes this opinion in one of the leading medical periodicals in the world, he should have been prepared to substantiate it with specific proof. This he has failed to do, but asks me to prove that they are not gall-stones,—or, in other words, to prove a negative. This, I conceive, is an unfair and illogical mode of reasoning, and opens up another and different subject of discussion. I would beg, however, to call his attention to the following negative evidence :

With very rare exceptions, all gall-stones contain a nucleus or nuclei, which these bodies do not possess, but are homogeneous like wax. They are of variable color, from black, brown, yellow and white, usually alike in the same gall-bladder,\* but

\* Hein found 23 exceptions in 632 cases (4.43 per cent.)



differing in physical characters and chemical composition in different individuals and different cases, while these fatty concretions are always white, opaque, presenting the same appearance in every case. The number of gall-stones found in the gall-bladder averages from five to ten; when they are counted by hundreds and thousands, it is the rare exception and not the rule. They are always difficult to find in the evacuations, requiring the assistance of an expert, while these fatty concretions as a rule are found in surprising numbers, and may be gathered by the handful by the patient himself. Unlike true gall-stones, they possess neither a nucleus, middle zone or external crust or shell, are not lamellated or striated, contain no cholesterine, biliary coloring matter, salts or other constituents of gall-stones. Dr. Fenwick found "stearic acid, but no bile pigment, nor cholesterine." Of the concretions destitute of cholesterine we have, according to Von Schueppel, only two varieties, viz.: 1st, pure, simple pigment stones, small, often gravelly, not very frequent, the larger ones mulberry-shaped, blackish green, homogeneous and shining like tar. 2nd, simple lime-stones (carbonate of lime), very rare, always single, heavy sp. gr., very hard, and of a whitish gray color.

These are the only varieties of gall-stones found in the human gall-bladder that contain no cholesterine, and yet we are told that these fatty concretions contain "no pigment matter nor cholesterine." I thought, Mr. Editor, that my former communication was sufficiently conclusive to satisfy Dr. Kennedy, and I was not a little surprised that he should again return to the discussion.

Yours truly,

A. RUTTAN, M.D.

Napanee, Jan. 10th, 1881.

## Reports of Societies.

### TORONTO MEDICAL SOCIETY.

The Vice-President, Dr. George Wright, took the chair at 8.30, Nov. 4th, 1880. The minutes of the previous meeting were read and adopted. Dr. Macdonald reported a case of coal gas poisoning with recovery. In the discussion upon this case, Dr. Oldright remarked the infrequency of the administration of oxygen gas in these and

similar cases, attributing the fact to the difficulty in obtaining the oxygen at the required moment. He said that Mr. Heys, of 44 Duke street, intended having an apparatus ready charged at his house and at his laboratory on King street west, capable of generating oxygen within a few minutes. Dr. E. St.G. Baldwin mentioned a case of gas poisoning—where the man was exposed for a very few moments, resulting in death—the autopsy showed signs of suffocation and a redness of the trachea.

Dr. Riddel had examined the bodies of two persons recently drowned—the cutis anserina was not present.

Dr. Graham reported a case of hemiplegia after apoplexy. A week ago a pemphigoid eruption appeared on the left forearm and hand—the adjacent skin being congested. He considered the eruption to be due to an alteration in the trophic nerve centres. In a second case of hemiplegia in a person, aged 60, a bed-sore appeared on one of the nates ten days after the apoplectic attack—a slough formed conical in shape, with the base directed inwards, the apex being at the surface. Dr. Workman believed the existence of the hypothetical trophic nerve centres was essential to explain Brown Séquard's experiments on dogs.

Dr. Workman then related the particulars of a case where a man of temperate habits displayed a long train of nervous symptoms, vertigo, amnesia, irritability and paresis of the left side—occurring thirteen years after an injury to the right side of the head.

Dr. Oldright brought before the notice of the Society the different strengths of the various solutions of opium, which went by the name of Battley's Solution or Liq. Opii Sedativus. The strength varied from 1 in 4 to 1 in 13, according as Lyman, Lee or another druggist manufactured it. He considered it desirable that a uniform strength should be adopted. On one occasion a patient of his received a much larger dose of opium than was desired. Dr. Workman asked the opinion of the Society upon the effects of opium in the very old and in the very young. Dr. Oldright thought its effects variable and required watching in both extremes of life.

Dr. Cameron overcame the difficulty of the variable strength of Battley—by never ordering it. Should it be prescribed the Pharmacopœal Liq. Opii Sed. was indicated, unless expressly ordered

otherwise. In the aged he had found the presence of senile kidney, which he could not distinguish from certain forms of chronic Bright's disease, caused the administration of opium to be extremely hazardous. In baby farms he carefully avoided prescribing opium in any form, yet many of the infants perished with symptoms of poisoning by opium. Drs. Daniel Clarke, Macdonald, Robinson, and others, reported cases in which minute doses of opium had produced alarming symptoms in both extremes of life.

The discussion upon the paper read by Dr. Graham at the last meeting upon "Disseminated Sclerosis," was opened. Dr. Cameron said that he agreed with Charcot's description of the disease, and its close alliance with paralysis agitans, yet cases had been reported in which differences had been found at the post mortem which could not be set lightly aside. Hammond's description of simple cerebral sclerosis corresponds with the description given by other authors of Paralysis Agitans. There were four varieties of cerebro-spinal sclerosis which might be ascending or descending—the former being the more common. In a young person the occurrence of feebleness in a lower limb not associated with anæsthesia or atrophy should direct attention to sclerosis. In the age at which it occurs Charcot does not entirely agree with Hammond's, McLane Hamilton's, or Jaccoud's cases. The cases related by Dr. Graham were at variance with Charcot, and Dr. Cameron's cases had been beyond forty. In the ascending form of the disease the symptoms of the first stage are shown in the reverse order to that in which they appear in the descending form. The articulation is slow and scanning, and there is a peculiar difficulty in pronouncing the letters *p*, *b*, and *g*. Ankle clonus occurs in this disease and resembles spinal epilepsy. Contractures occur generally in extension and adduction. In some cases the third stage is delayed for eight or ten years. The tremor, which in sclerosis affects the head (while this is fixed in paralysis agitans), Hammond, Ordenstein, and Erb think is due to the situation of the patches of sclerosis in the pons varolii, medulla oblongata and other portions of the brain. Other authorities have reported cases of the cerebro-spinal form of the disease without tremor, and in which the patches of sclerosis were absent from these portions of the brain. The morbid anatomy dis-

closes a quantity of connective tissue material thrown out amongst the nerve fibres, with subsequent contraction. Moxon considers this to be the local manifestation of some systemic infection and sclerosis to be an eruptive disease. In the treatment Hammond uses barium chloride and the nitrate of silver. Dr. Cameron suggests the use of the tribasic phosphate of silver. Hydro-therapeutic measures had also been used and cod liver oil. The etiology is confined to damp, cold and moral excitement, and it has been noted as following some of the eruptive fevers, or some debilitating cause of that sort, which is doubtless its true, though oft-forgotten causation.—Dr. Workman had seen a case in which the contractures were well marked and were in flexion; they were not permanent. He had lately had the fortune to meet with a case in which the symptoms were ameliorated by the institution of a strict antisyphilitic treatment.—Dr. Daniel Clarke wished to ask Dr. Graham what was the specific gravity of the sclerosed brain, and if there was any difference between the specific gravity of sclerosed and of the normal brain. He thought the multiplicity of names assigned to diseases and their constant division and subdivision tended to create confusion. He thought that many of these distinctions could be brought down to one or two principal diseases, thereby greatly simplifying matters. He considered sclerosis and paresis as one and the same disease, with different localizations, paresis affecting the cortex and sclerosis the white matter.—Dr. Graham said that in his paper he had purposely been as short and concise as possible, hoping thereby to induce discussion, and in this, he was glad to say, he had succeeded. He did not coincide with Moxon's theory of the eruptive nature of sclerosis, and his comparison with atheroma he thought was not a happy one, as atheroma was the local manifestation of a subacute inflammatory action and not at all an eruptive disease. In reply to Dr. Clarke's query, he thought the specific gravity of the brain was greater in sclerosis than in health, owing to the increased density given to it by the quantity of fibroid material present.

*November 18th.*—The meeting was called to order by the President. The minutes of the last meeting were read and adopted.

Dr. George Wright related two cases of syphilis—



one in which the primary sore appeared in the lip, the source of infection was traced to a pipe, which had been smoked by a person with mucous patches of the mouth. The second case was one of syphilitic psoriasis in which the only source of infection appeared to arise from sleeping in the same bed and using the same towels as a friend with syphilis.

Dr. Graham had met with four cases of a similar character—the first in a male—a labial chancre from the use of a syphilized pipe; the second in a girl also labial from inoculation; the third in a girl from a similar cause, and a fourth with a superciliary chancre and no clear history of infection.

Dr. Reeve mentioned a case of conjunctival chancre in an infant a few months old.

Dr. McPhedran related an interesting case of luxation of the lower end of the fibula forwards, caused by a fall and twist of the foot—there was inversion of the foot and a marked separation of the outer malleolus from the edge of the tendo achilles. Reduction was effected by eversion and extension, the bone slipping into place with a distinct snap. He had been able to meet with only one case on record. The luxation was caused by a wheel passing over the ankle and the dislocation was backwards. Reduction was not attempted.

Dr. Oldright, referring to the question of Batley's solution which had come before the last meeting of the Society, wished to know if the B. P. Liquid Ext. of Opium could be used hypodermically.

Dr. Reeve then proceeded to read his paper upon some diseases of the naso-pharynx tympanum and mastoid. Recapitulating some points touched upon in his last paper, such as the anatomy and physiology of the naso-pharynx and the etiology of the diseases which generally affect that cavity, he dwelt for some time upon the complications and sequelæ, which often required special treatment in addition to that of naso-pharyngitis proper. He condemned the too general use of the syphon nasal douche—gargles were frequently useless as ordinarily employed, but could be rendered somewhat efficient by using them in the recumbent position, holding the nose and making pseudo attempts at swallowing. So-called chronic laryngitis was often due to post-nasal catarrh and

hypertrophy, or œdema of the mucous covering of the turbinated bones, and was relieved or cured by attending to those parts. He had known cases of asthma relieved by treating naso-pharyngitis. In the treatment of enlarged tonsils, the guillotine should be less resorted to and the catarrh generally accompanying that condition more often treated. Following the course of the Eustachian tube and touching upon some of its diseases, he proceeded to discuss otitis simple and purulent, aural catarrh acute and chronic, describing their symptoms and pathology. In the treatment he recommended early local depletion and gentle syringing or douching with warm water, and soothing and anodyne instillations, unctuous applications and the many so-called ear-drops being discarded. If pus has formed the instillation of a solution of boracic acid was useful. Electricity had been freely tried without success in cases of deafness, by Dr. Reeve. The inspissation of mucus within the tympanum and consequent deafness, was often prevented by periodical inflation, by means of the air bag. In the prognosis of aural catarrh heredity was of great weight. In chronic purulent otitis instillations of boracic acid solution and insufflation of the powdered acid had in his hands produced exceedingly good results. When the mastoid became implicated, which was evidenced by persistence of the pain, or by its frequent recurrence after the appearance of the discharge, and by stiffness of the neck—free local depletion and counterincantations were indicated, and an early incision down to the bone, and perhaps boring or trephining into the cells was necessary. In spite of the most approved and careful treatment, the disease at times proceeded to the formation of cerebral abscess and subsequent death.

The discussion was adjourned until the next meeting.

After some general business the Society then adjourned.

*December 2nd.*—The Society met at 8 p.m., Dr. Covernton in the chair. After the usual reading of the minutes, Drs. T. S. Covernton, R. Lesslie and J. Lesslie were proposed members of the Society.

Dr. Davidson exhibited a patient with a disease of the skin, pustular in character, and confined exclusively to the back, and said to be of two years' duration. It resembled acne vulgaris.

Dr. Graham stated that a case of elephantiasis Arabum under his care was improving, under the administration of chaulmoogra oil internally and externally.

The discussion upon Dr. Reeve's paper of the last meeting was then opened—Drs. Ryerson, Palmer, Cameron and others taking part in it. Dr. Reeve closed the debate by replying concisely to the criticisms made and the questions asked.

Dr. Graham then presented some pathological specimens from a case of leucocythemia which had been under his care for four weeks. The disease ran a typical course—the lymphatics generally were enlarged. He complained of pains over the bones, and in the joints there had been some oedema of the legs. The spleen was not much enlarged and weighed  $5\frac{1}{2}$  oz. The white corpuscles were greatly increased, actually and relatively, being at times 3 to 5. Dr. Graham proposed, at some future time, reading a detailed history of the case to the Society.

Dr. Machell presented a patient with a fracture of the lower angle of the scapula, caused by a fall—the lower fragment had been turned inwards and upwards, and had to be pulled out by the fingers, and the arm and shoulder-blade were firmly strapped to the body.

Dr. George Wright related a case of chancroid in a boy of 13, said to have been caught from a girl of 11 or 12. He also related a case of cardiac syncope, in which the most alarming condition was brought on by slight exertion. There was no organic valvular disease and no periodical effusion. The patient was improving under ammonia and digitalis.

Dr. Workman read the translation of a case of narcolepsy, and offered some remarks upon the case. Any emotional or psychical excitement caused the man to fall asleep, from which he could be aroused only by shaking or pinching. When the will was required to act, the sleep fits came on.

Dr. Cameron considered the case to be one of epilepsy.

The Society then unanimously adopted the following resolution:—"That in the opinion of this Society the formation of an Ontario Medical Association is highly desirable, and that this Society will render what aid it can in such formation."

#### HURON MEDICAL ASSOCIATION.

The regular annual meeting of the Huron Medical Association, was held in Clinton on Tuesday, January 11th, Dr. Sloan, Vice-President, in the

chair. The following members were present:—Drs. Sloan, Hyndman, Worthington, Holmes, Williams, Campbell, Young, Hurlburt and Stewart.

The following were elected officers for the ensuing year:—Dr. Sloan, of Blyth, President; Dr. Holmes, of Brussels, Vice-President; Dr. Stewart, of Brucefield, was re-elected Secretary.

Dr. Worthington exhibited a man, aged 20, who, eight years ago received a depressed fracture of the skull. The fracture involved the lower and anterior part of the right parietal bone. There was loss of consciousness, and complete paralysis of the left arm and leg. The patient regained consciousness in about seven days, but the paralysis in the left extremities has persisted. Half an ounce of brain matter was lost. At present there is to be detected loss of bone in a region 2 in. x 2 in., extending in an antero-posterior direction from the posterior border of the coronal suture to an imaginary line drawn from the squamous suture vertically upwards through the parietal eminence, and in a vertical direction from the upper fourth of the squamoso-temporal area to a space midway between the coronal suture and the most prominent part of the parietal eminence. This region is the seat of pulsation, synchronous with the heart's action. The left arm is perfectly powerless, cold and atrophied. The left leg is smaller and shorter than its fellow of the opposite side, and there is considerable loss of motion in it. The tendon reflex is exaggerated. Both the left extremities have a considerable degree of "late rigidity." The patient is not nearly so intelligent as he was previous to the accident. His memory is considerably affected, but there is no loss of speech. There is a slight divergent squint of the right eye, but with this exception the functions of all the cranial nerves are normally performed.

Dr. Sloan, of Blyth, showed a boy aged 17, who received, seven years ago, a kick from a horse which caused a depressed fracture of the posterior part of the right parietal bone. This was followed by drowsiness and dilatation of the left pupil. At no time was there loss of consciousness. The depressed bone was removed. Two tablespoonfuls of brain matter came away. He made a good recovery. The following is his present state:—There is complete loss of bone in a region which is normally occupied by the posterior and inferior



part of the right parietal bone. This region is the seat of pulsation. He is as intelligent as he was previous to the accident. Functions of all the cranial nerves normal. There is no paralysis of motion or sensation. The dilatation of the pupil which was present at first, disappeared in a week, and at the present time there is no difference to be detected in the size of the pupils.

[These two cases are, exclusive of their great surgical interest, of great importance, from the fact of their being a valuable contribution to the literature of cerebral localization. Two boys about the same age, receive injuries by which they both lose about two square inches of skull on the right side, and nearly in the same situation. They both also lose about the same quantity of brain matter. The result in one case is complete paralysis of the left arm, incomplete paralysis of the left leg and greatly diminished intelligence. The result in the other case is complete retention of intelligence, sensation and motion.

In the first case, (Dr. Worthington's), the loss of brain substance has taken place from the region corresponding to the lower antero-parietal area and the lower part of the upper antero-parietal area. The convolutions that correspond to these areas are the ascending frontal and parietal, and the posterior part of the three frontals, and as the former are the seat of motion for the opposite extremities, and the latter the seat of intelligence, the explanation of the effects of the injury are evident.

In the second case, (Dr. Sloan's), the loss of brain has occurred principally in the lower postero-parietal area, only a small portion of the part corresponding to the posterior part of the lower antero-parietal area being involved. These regions correspond to the superior temporo-sphenoidal convolution and the gyrus supra marginalis, irritation or destruction of which produces dilatation of the pupil of the opposite eye, and a deviation of the head and eyes to the opposite side. It is not recorded whether the last symptom was present in this case or not.—*Note by Secretary.*]

Dr. Campbell showed a woman, aged 58, affected with paralysis agitans of the right extremities. Last August she felt her right hand becoming weak, and two months afterwards the thumb and forefinger of the same hand commenced to tremble. The tremor then gradually extended to the whole of the right side, and she can only prevent it by

grasping firmly some object. At first the tremor ceased during sleep, but it is continuous now except when she puts the muscles into active use. On two occasions lately she has had attacks apparently of an apoplectiform character. During one of these seizures there was loss of speech and difficulty in swallowing.

Both sensation and motion are impaired in the right extremities, the former markedly so, the latter but slightly. She walks with a shuffling gait, and is inclined to run forwards.

Drs. Stewart and Hurlburt showed a case of exophthalmic goitre in a woman aged 32. The first symptoms made their appearance very suddenly nine months ago. At present there is marked enlargement of the thyroid, protrusion of the eyeballs, and palpitation of the heart. She has been taking a drachm and a half of extract of ergot daily for three weeks, but as yet with no result.

Dr. Worthington showed a boy, aged 14, who is wearing a "Wyeth's extension jacket" for disease of the 4th and 5th dorsal vertebræ, and Dr. Hyndman showed a case of necrosis of the lower jaw.

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### Selected Articles.

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#### ANTISEPTICS IN MIDWIFERY.

Dr. Angus Macdonald, of Edinburgh, has recently given his opinion about puerperal fever. Most of us can remember the time when the very thought of puerperal fever filled the medical man's mind with horror and dread. He knew of instances where a doctor had carried with him, in his function as an obstetrician, death to parturient patient after parturient patient, until the grim fact that he was the cause of death was forced upon his consciousness. Then he left his practice for some time, at a ruinous expense, partly from actual expenditure, partly from making nothing during the time, to return to realize the truth that a number of his best patients were dead, and that dismay and distrust reigned in the minds of those who remained. I, at least, can remember well what my father used to think on this subject. A contemporary of his had been the death of some dozen women consecutively, and had to leave his shattered practice for months before he regarded it safe to return. And it would rather surprise us now to hear how slowly the conviction dawned on these men of the past that the doctor was really the infecting agent; also, how dull must have been the apprehension of the moral culpability of remaining at work as ob-

stetricians when death succeeded death. One of the grandest outcomes of antiseptics is the practical abolition of puerperal fever in an endemic form. Dr. Macdonald speaks of these antiquated plans of dealing with the spread of puerperal fever, and points out that now they are superseded. He points to the fact that it is in all cases "a true septic intoxication, a fever or resorption, and differs essentially in no wise from surgical fever." Abrasions and lesions of continuity of the lining mucous membrane of the foetal tract favor absorption. Micrococci are the infecting agents, it would appear. A solution of one per cent. of carbolic acid is sufficient to destroy these minute organisms. The doctor must be careful to see that his clothes may not carry infection from one patient to another; no ablution of the hands, however perfect, can present that source of mischief from being operative. The bare arm must alone be used in connection with a post-parturient patient. As an evidence of the immunity attainable by proper precautions, he said that in the spring of 1879 he met with a case of puerperal fever in a patient of good social position, where for ten days he personally, twice daily, dressed a vulval ulcer and gave the vaginal douches. During this time he performed craniotomy, put on the forceps high up, practised turning, and extracted an aborted foetus, without the slightest bad consequences of any kind. Had the remotest bad symptom showed itself he would have desisted from his obstetric labors at once, and without delay. As to his procedures, when called upon to examine or lift a patient suffering from puerperal septicaemia he always takes off his coat and rolls up his shirt-sleeves; he then washes his hands in turpentine or rubs them with carbolic oil. After his work is accomplished, then he washes his hands in turpentine and soap and water, using a nail-brush freely. Then he washes his hands in a five-per-cent. solution of carbolic acid, and finally puts them under a tap of running water. "Considerable importance," he says, "appears to me to be attached to the latter proceeding, as the running stream makes it certain that everything is carried away as well as washed off the hands. If a basin be employed the hands are brought from time to time into contact with any septic matter that might remain undestroyed in the basin." He is careful, however, while advocating the perfect protection afforded by resort to antiseptic precautions, to insist, "Nothing could be further from my intention in this contribution than to inculcate carelessness or do anything which could bring danger to patients or disgrace to obstetricians. But, on the other hand, I am anxious that everything should be done for unfortunate patients suffering from puerperal septicaemia which is consistent with fairness to the unaffected and to the obstetrician in charge." He does not believe that the abstinence from practice advocated by certain obstetrical

authorities is necessary or effective; indeed, he says it is not acted upon by these very preachers of the doctrine,—a rather strong statement.

He goes on to say, "For aimless and hap-hazard suspension from professional duty I would substitute the most thorough cleanliness and disinfection, believing that in the latter means the real safety of the patient lies. I have published my experience in this matter in the hope that I may encourage others to trust to and practice disinfectant appliances in similar emergencies." This principal of thorough, rapid, and complete disinfection ought also to be practised by nurses and midwives. If practised, he thinks it would not be so often necessary to change the nurses attending upon post-parturient patients. Midwives ought to be educated to use these disinfectant measures, as "time is only a very uncertain element in disinfection." He concludes with a strong expression of opinion that if these disinfectant measures were universally adopted the occurrence of puerperal septicaemia, in both private and maternity practice, would be largely diminished. — *Dr. Fothergill, in Medical Times.*

#### TREATMENT OF FIBROID TUMORS OF THE WOMB.

Prof. Goodell, in a paper read before the Medical Society in the State of Pennsylvania, says, "There is no question of the occasional benefit derived from the persistent use of ergot, which, by constringing the uterine walls, cuts off the blood supply of the fibroid. But, while I have repeatedly seen the tumor grow much smaller under its use, I have also seen the remedy do more harm than good. Ergot is best administered hypodermically, and preferably in the subumbilical region of the abdomen, where it gives least pain, and where its skin-stains are best concealed. Bonjean's purified extract of ergot, in the proportion of fifty grains dissolved in three hundred minims of distilled water, is for this purpose a very trustworthy preparation. One or two hypodermic syringefuls is the dose, which should for several weeks, or even months, be deeply injected once every day." In one case where the patient dreaded any surgical interference, and even objected to hypodermic injections, Dr. Goodell decided to try, by the mouth, a combination of ergot and ammonium chloride. She daily took from twenty to forty drops of the former, and ten grains of the latter. After eleven months of this treatment she came to see him in last March, and he was astonished at her improved appearance. Her hemorrhages had wholly ceased, and so reduced in size was the fibroid that, to discover it, careful examination was needed. Yet, on the other hand, ergot, however administered, will occasionally not only do no



good, but will greatly increase the hemorrhages, especially when the tumor lies under the mucous coat of the womb and projects into its cavity. Then, again, there are peculiar idiosyncrasies which cannot bear ergot in any form or in any dose. Such persons] are either greatly nauseated by its use, or they complain of intolerable headache, and the remedy must be withheld. Further, the use of ergot is not wholly without danger. Through the squeezing which the tumor gets from the ergotic contraction of the uterine walls necrosis may take place, and this, while curative, is liable to cause blood-poisoning through absorption of putrilage. Twice has Dr. Goodell met with a metro-peritonitis set up by the violent contractions of a womb made vulnerable by the presence of a growth in its wall. In one of these cases, that of a multiple fibroid, the issue was fatal. Despite these drawbacks, however, especially when combined with ammonium chloride, it is so efficient an agent in mitigating the more exacting symptoms arising from a uterine fibroid that its use should always precede every other treatment. Where ergot, together with its staunch ally, ammonium chloride, has been tried and found wanting, the radical or surgical treatment must be brought into use to remove these growths. He adds that, having performed enucleation by avulsion fourteen times, he can speak in positive terms of its value. His method of operating is as follows. First, seize the tumor with a strong fenestrated polypus-forceps whenever the growth is not too smooth and too glib to be securely held by the former instrument. He prefers the fenestrated forceps, because, being without teeth, it is not only safer than the volsella, but it does not have to be opened so widely, and, therefore, needs less room. The tumor being firmly held, the loop of the wire *écraseur* is slipped over the handle of the forceps, and then bent backward towards the operator, so that the beak of the *écraseur* shall first enter the urine cavity. When the beak touches the fundus of the womb, the wire is coaxed up beyond the claws of the forceps, and as much higher up as possible. The slack of the wire is next drawn in, and its free end secured to one of the cross-bars of the *écraseur*, so that a half-crushing and a half-cutting movement shall be secured. The mucous coat alone is now cut through as flush with the uterine wall as possible. The fibroid is then wrenched from its bed, by traction and by a twisting movement made both with the *écraseur* and the forceps while, firm suprapubic pressure is kept up by the hands of an assistant. Sometimes the seized portion will break off. Then the portion left behind must be caught, noosed, and treated, if possible, in precisely the same manner.

Twice has he been foiled in trying to remove the whole tumor in this way. In these cases the projecting portion of the fibroid was shaved off

flush with the wall of the womb. But the portion left behind was in a few days so pushed out, or enucleated, by the urine contractions as to enable him to remove it by a second operation. Sub-peritoneal fibroids are not amenable to any radical treatment per vaginam. If pedunculated, they can be treated like ovarian tumors, by laparotomy. Sometimes they are removable by enucleation through an abdominal incision. In one case Dr. Goodell obtained perfect success by removing the ovaries and thus artificially bringing on the change of life.—*Medical Times*, Dec. 18th, '80.

NERVE STRENGTHENING WITHOUT ANY CUTTING OPERATION.—In a late number of the *British Medical Journal*, Dr. Bramwell, of Perth, gives some cases of cure, and others of relief, by cutting down on, and exposing the sciatic nerve, and stretching it in its sheath, and so breaking down adhesions between it and its sheath. An observation of his struck me on reading his cases. He says, "the nerve when stretched did not 'crack' as if by the snapping of adhesions (between the nerve and its sheath), in which case the relief was not so immediate or marked as it was in those cases in which this snapping or breaking of adhesions was marked." I have myself had very lately an attack of lumbago, for the first time in my life. A patient whom I could not go to see, came to see me. The pain was at the lower part of the spine and extending along the upper border of the ilium, so severe as to prevent my sitting at table; in fact, all movement was very painful. My friend, a wiry, muscular man, said, "You cure me—I cure you." He told me he had cured very many people, almost instantly. "Well I said, 'I believe what you say; try your hand.'" He placed me on my face and hands on the sofa, and he kneaded the painful part very forcibly for some time, and then he told me, "I don't hear the '*cric, cric*,' which I hear when I cure my patients *at once*; so I fear I shall not succeed with you." I have also known cases of torticollis attended with great pain on any attempt at movement get suddenly well on some violent movement being made, attended by a feeling as of something having given way or "snapped" as it were. Evidently the cure in my friend's cases, as in those cases of "torticollis," was the result of "nerve-stretching," as practised by Dr. Bramwell. And I think we have got at the true explanation of the success of the popular proceedings in those cases; and, with the distinct object in view of "stretching" the nerve or nerves affected, and breaking up any adhesions of the nerve to its sheath, we may adopt with advantage the popular proceeding into legitimate medicine. In severe cases the proceeding must be very painful; but we have chloroform or any analogous preparation to fall back upon, and allow us to make violent or forcible kneading and stretching of the parts

sufficient for our purpose.—*James M' Craith, M.D., F.E.C.S., in Medical Times and Gazette.*

**ATROPIA IN CHLOROFORM NARCOSIS.**—We find this subject but casually referred to in treatises on anæsthetics. It has, however, been worked out by Professor T. R. Fraser, of Edinburgh, who has shown atropia to be a cardiac stimulant, advisable when chloroform is to be given. It stimulates the heart, not only indirectly, by lowering the conductivity of the cardiac terminations of the vagi, and thus, of course, diminishing their inhibitory power, but also directly by stimulating the intra-mural motor ganglia of the heart; and possibly, also, by raising the excitability of the accelerator nerve to the heart from the cervical sympathetic ganglia; and perhaps it may even stimulate the cardio-motor centres in the medulla oblongata. Dr. Fraser considers it advisable to combine with the atropia a little morphia, say  $\frac{1}{16}$  to  $\frac{1}{8}$  of a grain of sulphate of atropia, *i. e.*, one to two minims of liquor atropiæ sulphatis (*B.P.*) and  $\frac{1}{12}$  to  $\frac{1}{8}$  of a grain of acetate or hydrochlorate of morphia. These are injected about fifteen or twenty minutes before the administration of chloroform is begun; and by this means, (1) not only is the patient in a less nervous state when the inhalation is commenced, but (2) less chloroform is required, and, (3) moreover, a very objectionable evil is got rid of, or, at all events, ameliorated, *viz.*, the emesis which is apt to occur with chloroform.—*Med. & Surg. Rep.*

**EXTIRPATION OF THE UTERUS.**—Billroth (*Wiener Med. Wochensck.*) has operated in all twenty-five times. He has had fifteen deaths and ten recoveries. From the experience which he has acquired by his later operations he has arrived at the conclusion that his first series of operations was far less favorable to recovery than his second series. At the end of his first thirteen operations ten of the subjects had died, and only three had been cured; but of the twelve following ones he saved seven, while only five died. Two of his patients died of collapse during the first 24 hours, two in consequence of internal hemorrhage,—the ligatures having given way *en masse*; in one case death was caused by ileus, and in ten cases by peritonitis. Billroth is of the opinion that in this species of operation the antiseptic method does not play as important a part as has been attributed to it. Furthermore he has had occasion to observe in ovariectomies, such acute symptoms of poisoning by carbolic acid that he is not inclined to employ the antiseptic method any longer.—*Le Nouveau Journal Medical.*

**"STUDY" OF A FASHIONABLE NEW YORK PHYSICIAN.**—In Mr. Henry James's recently published novel, "Washington Square," there is a very

clever character study of a fashionable physician. The gentleman who is presented as a type of this class is a Dr. Sloper. He has that mixture of talent, perspicacity and adaptation which insures success in almost any profession. Starting life in an humble fashion, he both marries a fortune and makes a fortune, and this without any sacrifice of his own self-respect or resort to charlatanry. He is simply a profound student of human nature, and sees no reason why he should not humor it while endeavoring to benefit it. Mr. James says:

"It was an element in Doctor Sloper's reputation that his learning and his skill were very evenly balanced; he was what you might call a scholarly doctor, and yet there was nothing abstract in his remedies—he always ordered you to take something. Though he was felt to be extremely thorough, he was not uncomfortably theoretic; and if he sometimes explained matters rather more minutely than might seem of use to the patient, he never went so far (like some practitioners one has heard of) as to trust to the explanation alone, but always left behind an inscrutable prescription. There were some doctors that left the prescription without offering any explanation at all; and he did not belong to that class either, which was, after all, the most vulgar. It will be seen that I am describing a clever man, and this is really the reason why Doctor Sloper had become a local celebrity."

No doubt many will recognize some very familiar traits in the above sketch. There is this to be said, however, about New York's fashionable physicians: in the regular school they hardly have the prominence in numbers or position that they possessed in the time of which Mr. James writes. Proportionally the number of physicians of the Dr. Sloper type (considerably diluted) is now much greater among the quasi-homœopaths—those who, under the guise of a broad eclecticism, profess whichever medical dogma suits their patient best. They are persons generally who excel in their powers of adaptation to the idiosyncrasies of woman.

Among regular practitioners the development of the specialties, as well as the greater infusion of the scientific spirit, has brought new elements into the problem of professional success. A consulting or specialist practice now appears to most persons a much more desirable thing than a fashionable one, and for the former there is required more study of disease and less of human nature *per se*.—*N. Y. Med. Record.*

**ARSENIC IN CONSUMPTION.**—In the Medical Press and Circular, Dr. Wm. A. Pearce says the success of the following combination in many cases of consumption has been so great that he feels it a duty to bring it before the profession.



R Liq. arsen. hydrochlor. *℥*lxiv., quinia sulph. grs. viij., acid hydrochlor dil. *ʒ*ij., syrup aurant. *ʒ*j, infus. chirettæ ad. *ʒ*vij. M.

This mixture equals sixteen doses, of which one was taken three times a day, after meals. In many cases ten minims of sea water were added to each dose; in others two grains of sulphate of manganese. The patients were directed to continue the medicine during six weeks, then to allow an interval of a week, and again to resume treatment.

A NEW PHYSICAL SIGN IN THORACIC ANEURISM.—Dr. Drummond, of Newcastle-on-Tyne, has demonstrated before the Northumberland and Durham Medical Society a physical sign which will apparently be of considerable value in the diagnosis of aortic aneurism, should it not turn out to be pathognomonic. When a patient who is suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the binaural stethoscope, and is evidently a sudden involuntary expiration caused by the sudden systolic expansion of the sac expelling air from the chest. This physical sign has been demonstrated by Dr. Drummond to be absent in cases of aortic valvular disease without aneurism, while it is present in every case of aneurism which has come under his notice since the discovery of the sign, viz., four; and he also thinks it will be of importance in distinguishing between aneurism and sarcoma of the lung.—*Dublin Four. of Med. Science*, Nov. 1880.

ARSENIC IN SKIN DISEASES.—Physiologically arsenic combines with the colored corpuscles of the blood, prevents them receiving their due amount of oxygen in the lungs, and therefore diminishes oxidation in the tissues and prevents wasting, thus lowering the temperature and lessening the excretion of urea; it renders respiration more easy, probably as the result of the diminished oxidation in the tissues; it seems to lower the blood-pressure, by paralyzing the vaso-motor nerves; it produces headache, and eventually paralysis, and thus seems to affect the brain powerfully, probably through the influence it exerts on the blood. Arsenic is eliminated by the skin, mucous membranes, liver and kidneys. It is extensively used in cutaneous therapeutics. As regards psoriasis, the author concludes (1) that arsenic sometimes relieves psoriasis in an acute state, sometimes aggravates it, but what are the exact indications for its use, it is, in our present knowledge of the etiology of the disease, impossible to say; (2) it should always be given in small doses for a long period after the eruption has disappeared, to

prevent a relapse; (3) it is never necessary during this course to increase the dose so as to produce any physiological effect, such as irritation of the eyes. In lichen planus, arsenic is an invaluable remedy; the author has never seen it fail. In acute eczema it is injurious; its good effects in chronic eczema are doubtful. In pemphigus its value is established, but how it acts, whether on the blood or by direct influence on the nervous system, it is difficult to say. Chronic urticaria, the neuralgia so often associated with zoster and acne, are often benefited by a course of arsenic. It must be borne in mind that some patients do not tolerate arsenic; in such cases the different preparations should be tried before abandoning the drug. It should *never* be combined with any other drug, even iron; it should always be taken during or after food; it should never be pushed to produce the slightest constitutional symptoms.—Mr. Malcolm Morris in *The Practitioner*, July, 1880. (*Glasgow Medical Journal*).

TREATMENT OF JAUNDICE.—The treatment advocated by the author of this paper, as suitable in the majority of the non-fatal cases of jaundice, is the administration of large doses (15-45 grains) of ipecacuanha, which may be several times repeated, the dose being generally preceded by sedative draughts, and the external application of mustard to enable the stomach to retain the remedy. Three cases of hepatogenous icterus successfully treated in this way are given. In these it is said that the beneficial action of the ipecacuanha is excited on the mucous membrane of the bile ducts, in common with that of the intestinal tract generally, affecting first the larger branches, and in relieving their congested and tumefied condition, permitting the gradual reinstallation of the bile current; the obstruction in front being removed, the smaller branches then unload themselves, and the beneficial action reaches the ultimate radicles and the liver-cells. The action of this remedy in hæmatogenous icterus is more doubtful; if it is to do good, it must commence its action either by altering the constitution of the blood itself, or by acting directly on the liver-cells. A case of this variety of jaundice is recorded, in which ipecacuanha seemed to exert a very favourable influence. Another case is mentioned, in which the remedy acted well when given by enema.—*The Practitioner*, August, 1880.

PRURITUS VULVÆ.—Dr. Tauzsky recommends the following (*New York Medical Record*, vol. ii., 1880., p. 387):

R Pulvis acaciæ, *ʒ*ii;  
Bals. Peruvian., *ʒ*i;  
Ol. amygdalæ, *ʒ*iss;  
Aque rosæ, *ʒ*i.—M.

Apply freely with a camel's-hair brush eight or ten times a day to the itching part.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

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TORONTO, FEB. 1, 1881.

## HOSPITAL APPOINTMENTS.

In the few remarks we purpose making on appointments, we hope the trustees of the different hospitals will not consider that we are usurping their prerogative. If that unfortunately should be their point of view, we can only urge in apology our belief that hospitals have become such important parts of our medical polity as schools, and theatres of medical science, that it is idle to talk of interference when we consider them essentially parts of the great republic of medicine and subject to its laws. The point to which we would wish to allude relates to the period at which hospital medical officers should retire, and give place to others. We do not consider it desirable that the appointments should be *tamdiu bene se gesserunt*, but for a definite period. The appointees should be men in the prime of life, as after a certain age they are apt to view improvements in their art as useless innovations. There are certainly examples of minds vigorous and elastic to the very verge of a long life, but rules must be laid down for average cases. Tenacity of office inflicts a great evil and injustice on young men who are excluded thereby from the advantages of hospital practice at the time it is most likely to be serviceable to them, while the public is debarred from the advantage of so much additional medical skill. It is not to be concluded, however, from our suggestion of calling young men into active operation and employing them publicly while their faculties are unimpaired, that we desire to sever the connection between eminent practitioners of more mature age, whose services have been appreciated. There may

be reserved for them the graceful situation of consulting physicians and surgeons, and as such may do good service after their retirement. We admit freely that in the past records of appointments there have been no instances of gentlemen clinging to the work of their office long after advancing age had disqualified them for the proper discharge of their office, but that they have proved to be the right men in the right place. The fact, however remains, that sensible as men are in their youth or manhood of the infirmities of age, they seldom discover those infirmities in themselves as age creeps on apace, until they have in their turn become a spectacle to the youth of another age. To guard against such possible contingencies, we consider it desirable in the interests of the profession, and of the public which is deeply concerned in their available skill, that the officers of the Provincial hospitals should be employed according to some system of rotation, which would give the public at large the benefit of the knowledge to be acquired by hospital practice, and open to the younger members of the profession the road to eminence by allowing unpatronized talent to make its way before the public.

## QUALIFIED QUACKS.

There are a certain number of medical practitioners whose names are entered on the medical register of their respective Provinces as duly qualified and licensed practitioners in medicine, but who nevertheless so conduct themselves, publicly and privately, as to fully merit the distinctive title of "Qualified Quacks." Such individuals are much more numerous than is generally supposed, and instead of being on the decrease, they are unhappily on the increase. So much is this the case, that it almost inevitably leads to the conclusion, that the more quackery is suppressed outside of the pale of professional licence, the more rampant and exuberant does it become within. Although to some minds it may seem a paradox, it is nevertheless true that a medical man may be fully and legally qualified, and yet a quack in the most objectionable sense of the term. Some persons seem to think that as they have acquired the legal right to follow their professional calling, they are at liberty to act as their personal judgment may dictate. This is, however, a very mistaken idea.



No individual, no matter what his profession, is free to exercise his calling, without reference to the well understood rules, codes, or canons of the body to which he belongs, and those who violate the rules and regulations laid down for the internal government of the respective bodies to which they belong are (in all professions but that of medicine) liable to certain penalties for their offences. The barrister may be deprived of his gown, the clergyman may be disrobed, or the holder of Her Majesty's commission in the army or navy may be cashiered, for unprofessional or unworthy conduct, but the erring physician or surgeon can be reached only by the voice of public opinion, and as in many cases the public is unable to see the true inwardness of the cunning arts of quackery, it not unfrequently approves where censure should be meted out. We have often regretted the want of medical legislation, which would give power to regulate the internal government of our profession in this respect, but we have been unable thus far to pass any such enactment. We hope, however, that the day is not far distant, when such powers will be delegated by act of Parliament as will enable the medical profession to deal with its recreant members in the same manner as the other professions are enabled to do. We quote the following from the *London Lancet* of April, 1880, in regard to this subject every utterance of which we have in our own capacity experienced, and which we fully and unequivocally endorse :

"Scarcely a day passes in which we do not receive earnest appeals and remonstrances from acknowledged members of the profession against the misconduct of qualified quacks who advertise in the lay papers, send out circulars, and resort to the most flagrantly disreputable methods of touting for public patronage. It would be an extreme measure to hold the perpetrators of these offences against etiquette, and we take leave to say decency, up to the contempt they deserve, and we are, for the present, compelled to treat the just complaints of our correspondents with a reserve which is altogether opposed to our own feelings, and must, we fear, in a large number of instances, appear ungracious, or possibly, even, in some instances, may be misconstrued to imply a certain kind of acquiescence in the practices they denounce. Certain it is that, from some cause, the evil against which the profession needs to make a new and determined stand is on the increase. It is difficult to take up a daily or weekly paper without finding advertisements aimed more or less directly to bring practising members of the profession under public notice

as claimants to special favour. This is an evil which derives the strength by which it flourishes from the doubtful, though not easily denounceable, proceedings of men who are themselves respectable, but indirectly encourage the artifices of others who are not. It is vain to iterate the once received axiom that "no respectable member of the medical profession advertises," when the columns of the daily newspapers abound with advertisements of works bearing sensational titles, and addressed to the public by medical men, of instruments, preparations, and appliances, advertising, if not *intended* to advertise, the names, qualifications, and addresses of men who are not only engaged in, but who court, practice! Those who do such things should think how much beyond their own personal burden of responsibility is incurred by the course they take. Under the shadow of this practice of indirect advertising, carried on by men who are respectable and even eminent members of the profession, has sprung up the practice of open advertising by qualified quacks. If there were no respectable transgressors in this respect, it would be easy to denounce the whole body of "advertising doctors" as unworthy of public confidence; but, as the case now stands, whenever this wholesale denunciation is made, there is the consciousness that the next post may bring cuttings from newspapers showing how fully qualified and really good men are among the delinquents."

#### THE ONTARIO MEDICAL ACT AND AMERICAN GRADUATES.

In the *Virginia Medical Monthly* for December 1880, will be found a letter from Dr. Philip Carroll, U. S. Consulate of Simcoe, Ont., on the Ontario Medical Act in relation to American graduates, upon which we desire to make some comments. After giving a brief outline of the Act, he goes on to say that "the law in discriminating in favor of Great Britain is correct, but in discriminating against the United States is wrong." He also mentions a number of American text books recommended by the Council and used in the medical schools of Ontario, yet not one of the authors mentioned could practice in Canada without being subject to a fine of not more than \$100 nor less than \$25.

The following statement will also be news to most of our readers, viz: "The course in all our schools in the United States is, I believe, three years, and in most, if not all, the candidate for admission must be a classical scholar." Dr. C has examined the questions propounded to candidates

for graduation by the Council's examiners, and feels sure that any graduate of a reputable medical school in the United States could answer them with the utmost ease, yet a gentleman holding an American diploma would still have to attend a four years' course at some College in Ontario, before the Council would deem him qualified to practice in Ontario." He therefore complains that great injustice has been done to the medical institutions of the United States, most, if not all of which are certainly equal to those of Ontario, and concludes by recommending the profession of the United States to take the matter in hand, and petition Congress to enact a law prohibiting Canadians from practising in the United States until they have complied with certain requirements. His contention is, that the law should not require any other evidence of qualification than a diploma from a reputable college in the United States, and the identity of the person presenting it, in order to make him eligible to practice in Ontario, especially as no other evidence of qualification is required from a Canadian graduate in the United States.

Such an admission would at once render nugatory all efforts to raise the standard of medical education in Canada, and compel us to adopt that of the United States, which is, and long has been, very much inferior to the Canadian standard, Dr. Carroll's statement to the contrary notwithstanding. Dr. C. should know, that until very recently, the system of medical education in the United States was very lax. There were medical colleges in the United States which conferred the degree of M.D. upon candidates after attendance on lectures during one winter and one summer course, or less than one year's continuous attendance, and no preliminary or matriculation examination was required even in some of the reputable colleges, nor is the latter required to-day in many of the medical schools and colleges. The Dr. is in error when he states that attendance upon a four years' course in Ontario is required from American graduates, before being admitted to examination by the Medical Council of Ontario. All that is required is that students and graduates from the United States shall pursue the same course of instruction as is required of our own Canadian students, viz., to pass a preliminary or matriculation examination, or furnish evidence of

a classical education, and thereafter attend such course or courses of lectures as will make their period of study the same as that required of our own students. It must be apparent to Dr. Carroll's comprehension, that it would be a great injustice to Canadian students and Canadian schools, to admit to practice American graduates of three years' study, and exact a four years' course from our own students. There may be instances where an American graduate may have spent four winters' sessions, and passed a matriculation examination equivalent to that required by the Ontario Medical Council; but such cases are exceptional, and as all laws are made for the benefit of the many and not the few, it would be impossible to discriminate.

We therefore fail to see any just ground of complaint, and we venture to state that if Dr. Carroll would study the Act and the Council regulations carefully, he would form a very different opinion regarding the law, and might even favour the opinion frequently expressed by many of his confrères, that the Act was a good one, and one they could sincerely wish were in force in the United States. We may, without hesitation, promise Dr. Carroll and those who entertain his views, that whenever they enact and carry into effect in the United States such a law as the one now in force in this Province, we will be most happy to grant them medical reciprocity.

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MODERN ABUSE OF GYNECOLOGY.—The Louisville *Medical News* makes the following extracts from a paper, by Clifton Wing, M.D., of Boston :

It is surprising to see the number of physicians in good standing in the community who are wanting in proper knowledge of the diseases of women, and do not hesitate to confess their ignorance when in conversation with professional brethren, who nevertheless treat patients for uterine ailments, and give them the impression all the while that they are good authority upon such matters. To such an extent is the farce carried that the majority of patients, upon coming to the specialist in this branch, volunteer the information that their family doctors "also make a *specialty* of womb-troubles."

... It is an unfortunate fact that what is popularly denominated "success in practice" depends more upon ability to attract public attention and to



"impress" the patients and their friends—in other words, "business tact"—than upon professional skill. . . .

Is it any wonder, with such a condition of practice in existence among physicians who are regular graduates, that quacks and pretenders should flourish? What advantage does the patient derive by applying under such circumstances to the "regular?" Why may she not just as well be treated by an ignorant pretender as by the graduated physician? . . .

If the physician be one of those who do not believe in what they term "this new idea of local treatment for uterine disease," perhaps when he is satisfied that there is such a trouble he informs the patient that nothing can be done, sympathizes with her, and tells her that she must wait with resignation for the "change of life," when nature will bring her relief. . . .

*The successful avoidance of an operation is a greater success than the successful performance of the operation.* In a word, the question for the physician to ask himself when the patient presents is not "Haven't I a good chance to do this or that operation?" but, "Can I avoid surgical interference in this case and do the patient justice?" Were this course always followed I am sure there would be less operative gynecology, and that womankind would not suffer in consequence. . . .

The operation—well enough in its proper place—of "division of the cervix uteri" fortunately has now in a great measure "gone out of fashion," and for the present at least is not likely to be abused as in the past, but the picture presented applies equally well to other operations now in vogue and quite as thoroughly overdone. . . .

I can not but feel that the surgical part of the specialty is being pushed far beyond its proper sphere; that in gynecology, at present, operations, including now and then those of very serious nature, are often done where they are not called for, and when it would be better for the patient were they avoided. . . .

The position of critic is not an agreeable one, but certainly the state of practice which now exists in this section needs to be radically changed, and nothing will be accomplished by shutting the eyes and holding the tongue. Gynecology is suffering on the one hand from the dabbling of practitioners who assume the treatment of uterine cases, knowing

little or nothing of the subject, and upon the other hand from the enthusiasm of operators, which often leads to procedures in practice which sound judgment would not deem advisable.

COMPLETE ALOPECIA FROM FRIGHT. — The following case is related by Fiedet in the Archives Générale de Médecine: A healthy Italian blonde æt 17, lymphatic with exceptionally profuse hair, was sewing at a window; suddenly the floor gave way leaving her only time to catch hold of the window frame, where she hung until taken down by means of a ladder. No subsequent loss of consciousness nor nervous excitement was observed through the day; at night there was headache, chills, and bad dreams. In the morning she suffered from nervous excitement and great itching of the scalp. The following day she felt better, but the itching of the scalp continued and on arranging her hair, whole tufts came out by the roots. In three days not a hair was left on the scalp, eye-brows, axillæ or genitals. Two years later, after constant treatment there was no return of hair.

SUCCESSFUL TREATMENT OF EMPYEMA. — Not long since, at a meeting of the Manchester, England, Medical Society, Dr. Ashby related three cases of empyema, two of them being shown at the meeting. The ages of the patients were two and a half, five and seven years respectively; all three had a history of five to seven weeks' illness. The chest was opened under the spray, after the fashion of Hilton's method of opening abscesses, viz: by making a free incision through the skin of the ninth intercostal space, in front of the angle of the rib, and pushing a pair of dressing forceps through the muscles into the pleural cavity, thus avoiding all chance of wounding the diaphragm. About half an inch of the ninth rib was excised with a pair of bone forceps, and a short drainage tube inserted. The dressings were renewed daily for the first week, but by the end of the first month the discharge had become scanty, and dressing every third or fourth day was sufficient. In two of the cases the discharge had ceased and the wound healed by the end of two months; and in the third in two months and a half. One of the children weighed twenty-six pounds on June 27th, when operated upon, and thirty-one pounds ten ounces on August 27th, when the wound had

healed. In October, three months after the operation, all three were well.

**FLAYING THE VOCAL CORDS.**—This is the latest craze in operative surgery. Dr. Carlo Labus, of Milan, has written a pamphlet in which, after describing the causes of congestion of the vocal cords, he proposes to remedy it by flaying the vocal cords. Considering the facility with which endo-laryngeal lesions are healed, as after the removal of tumors, etc., the idea occurred to him to remove the hyperplastic mucous membrane and wait for the parts to heal, when phonation would be found perfect. He mentions 12 cases in which the operation was performed by him with very satisfactory results. Among them were some prominent singers whose voices were completely restored by the operation. He uses a toothed forceps or a Tuerck's polyp-crusher to strip the vocal cord of the hyperplastic tissue covering it.

**THE TREATMENT OF ASTHMA.**—Dr. Wm. Pepper, of Philadelphia, (*Boston Med. and Surg. Journal*) says in anæmic cases a pill of strychnia, digitalis arsenic and iron is indicated. When the heart is embarrassed by local congestion, dry cups to the chest twice a week afford great relief. Bronchitis requires alkalies and iodide of potassium. In cases of copious muco-purulent secretion the use of copaiba and yerba santa are especially indicated. Spasm of the bronchial tubes calls for bromides in small doses, or a hypodermic of morphia or atropia, but the continued use of sedatives is inadvisable. Inhalations of carbolic acid and iodine are beneficial. During the attack he found the following answer well :

R. Ammon. bromidi..... $\overline{3}$  ij.  
Ammon. chloridi..... $\overline{3}$  iss.  
Tr. Lobeliæ..... $\overline{3}$  iij.  
Spts. Ether. Comp..... $\overline{3}$  j.  
Syrup acaciæ ad..... $\overline{3}$  iv. M.

Sig. a tablespoonful in water, repeated every hour or two during the attack.

**THE ONUS OF EDITORSHIP.**—The following anent the onus of editorship is extracted from the *London Times* : If an editor omits anything, he is lazy. If he speaks of things as they are, people get angry. If he glosses over or smooths down the rough points, he is bribed. If he calls things by their proper names, he is unfit for the position of an editor. If he does not furnish readers with

jokes, he is an idiot ; if he does he is a rattlehead, lacking stability. If he condemns the wrong, he is a good fellow, but lacks discretion. If he lets wrongs and injuries go unmentioned, he is a coward. If he exposes a public man, he does it to gratify spite, is the tool of a clique, or belongs to the "outs." If he indulges in personalities, he is a blackguard ; if he does not, his paper is dull and insipid.

**A LIBERAL OFFER.**—Having arranged clubbing terms with the *North American Review*, we are enabled to offer that foremost of American periodicals, together with the CANADA LANCET, at the low price of \$6.75 per year. The *Review* is the organ of the best minds of America, nearly every writer of note in the country being a contributor to it. It combines, to a considerable extent, the thoroughness of the Cyclopædia with the timeliness of the daily paper. It discusses subjects that are most prominent in the public thought at the time, and presents both sides of all-important questions, and should be read by every one who wishes to form intelligent opinions on the events of the day.

**OTTAWA MEDICAL SOCIETY.**—At a recent meeting of the Ottawa Medico-Chirurgical Society the following officers were elected for the current year : President, Dr. J. A. Grant ; 1st Vice-President, Dr. E. C. Malloch ; 2nd Vice do., Dr. J. W. Whiteford ; Secretary-Treasurer, Dr. R. W. Powell ; Council, Drs. Bentley, Baptie, S. Wright, Rogers, and H. P. Wright. At a meeting of this Society held in November last, it was resolved, "That in the opinion of this Society the formation of a Provincial Medical Association at the present time is not advisable."

**ALCOHOLISM.**—The following mixture is in use in the Albany Hospital for the treatment of the effects of acute alcoholism, to relieve nervous excitement and insomnia :

R. Tr. opii. deod.  
Ext. hyoscyam. . fld..... aa.  $\overline{3}$ i.  
Chloral hydrat .....  
Pot. bromidi..... aa.  $\overline{3}$ i.  
Tr. capsici .....  $\overline{3}$ ss.  
Tr. aconiti rad ..... Mv.  
Aq. menthæ pip..... ad.  $\overline{3}$ iv.

M. Sig.—Two tablespoonfuls and repeat in four hours if sleep is not produced.



**FLATULENCE.**—This troublesome condition is sometimes very difficult to remedy. Drs. Sidney Ringer and Murrel have found glycerine of especial benefit in many cases. The dose is from one to two drachms four or five times a day, in water, tea, coffee or lemonade. The addition of from one to three minims of carbolic acid to each dose will be found very much to increase its efficacy. The rationale is, that these substances prevent fermentation. Ten to fifteen drops of spirits of turpentine on sugar, will relieve the bowels very speedily when largely distended with gas.

**ANECDOTE OF THIERRY DE HERY.**—One day while this once famous syphilographer was sauntering through the crypts of St. Denis, paying little attention to the various royal tombs about him, he suddenly precipitated himself before an effigy and began to pray; the berger who was standing near by, called out to him—"You mistake, sir, that is not a Saint's tomb but that of our late King Charles VIII." "Simpleton, replied de Hery, learn that the good King Charles VIII. is more than a saint to me, as he imported the pox from Italy, and has been my benefactor to the amount of thirty thousand pounds a year."

**NEW ANTIPRURITIC.**—Dr. Bulkley, in the *N. Y. Medical Journal*, after speaking of the use of opium, chloral hydrate, carbolic acid and belladonna, as antipruritics, refers to the tincture of gelseminum in doses of from ten to fifteen drops every half hour, as of essential value in the treatment of this troublesome symptom. He was led to make trial of it from the relief it occasionally gives in spasmodic asthma, and in neuralgia of the fifth nerve. He has frequently tried it with success during the past two or three years.

**SUCCESSFUL SURGICAL OPERATION.**—"Yesterday afternoon Dr. Frink, Vt. S. performed a very skillful operation on Mr. E. L. Jewett's trotting mare, Bell, which consisted in removing a tumor of considerable size. The animal was chloroformed while the operation was performed, and those who witnessed it are loud in their praise of Dr. Frink's skill."

We clipped the above from the *St. John, N. B. Daily News* of January 7th. It reads very much like some paragraphs that we have seen in the daily and weekly newspapers from time to time,

and we would commend it as an example to our advertising confreres.

**CASCARA CORDIAL.**—This preparation, so useful in the treatment of chronic constipation, is a pleasant substitute for the old-fashioned preparation which was so disagreeable to the taste. The formula is:—Cascara sagrada bark, 1 drachm; berberis aquifolium root, 1 drachm; aromatic herbs, French brandy and syrup. It is both efficacious and pleasant to the taste.

**TO MAKE LEECHES BITE.**—Put them in a small glass vessel half filled with water. The part to which they are to be applied is carefully washed with warm water, and the glass inverted upon the skin. The leeches attach themselves with surprising rapidity. When they are all fastened the glass is removed, the water escaping may be absorbed by a sponge.

**L. R. C. P. & S., EDINBURGH.**—Dr. E. M. Thuresson, of Ancaster, Ont., W. J. Cross, of Barrie, Ont., and J. A. Todd, of Cheltenham, successfully passed the examination for the double qualification, and were admitted to the licentiate of the Royal College of Physicians and Surgeons, Edinburgh, in November last.

**COMPOUND TINCTURE OF BENZOIN IN COMPOUND FRACTURES.**—Mr. Fergus M. Brown recommends this treatment in a recent number of the *Lancet*. After cleansing the wound and removing splinters, etc., he places compresses of lint saturated with the tincture over the opening, and finds healing take place without suppuration.

Lord Brougham once, when he was in a facetious mood, being asked to define a lawyer, said:—"A lawyer is a learned gentleman who rescues your estate from your enemies and keeps it himself."

Dr. Wilms, of Berlin is dead. He was reputed to be the best operator in Germany. Septic poisoning from a wound received during an operation was the cause of death.

**APPOINTMENT.**—Dr. J. Dickson, of Goderich, has been appointed one of the physicians at the City Hospital, Cincinnati.

**CORONER.**—Thomas Orton Steele, Esq., of L'Orignal, has been appointed Associated Coroner for the Counties of Prescott and Russell.

### Books and Pamphlets.

**PHYSICIAN'S VISITING LIST**, by Dr. Mills: Published by F. Stearns, Pharmacist, Detroit, Mich. Price \$1.50.

This new aspirant for professional favor is a pocket-book and visiting list combined in one, and is very neat and convenient. The pocket-book, which is of fine leather, is alone worth the price. It is large enough to carry accounts, money and papers, and weighs only five ounces. All printed matter is omitted from the visiting list, except explanations. The visiting list may be used with or without the pocket-book. The price of the list alone is 50 cents. It only requires to be seen to be appreciated.

**THE CANADIAN ILLUSTRATED NEWS**, for 1881. Publishers price, \$4 per annum.

We beg leave to call the attention of our numerous readers to the above-named illustrated weekly. It is a well-conducted and highly interesting paper, creditable alike to the publishers and to Canadian enterprise. The illustrations are well executed, and represent matters of interest to both home and foreign readers; the reading matter is well selected, and the editorials always interesting. It deserves encouragement, and we heartily commend it to our readers. We will supply both it and the CANADA LANCET for 1881, at the moderate price of \$6 per annum.

**HAND-BOOK OF URINARY ANALYSIS; CHEMICAL AND MICROSCOPICAL:** For the use of Physicians, Medical Students, and Clinical Assistants. By Frank M. Deems, M. D., Laboratory Instructor in the Medical Department of the University of New York. New York: Industrial Publication Co. Price, 25c.

This Manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably adapted for use, both as a bed-side reference book and a work-table companion. The author has had for several years a very extended experience as a teacher of this important branch

of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner.

**KIRKBRIDE ON HOSPITALS FOR THE INSANE.** J. B. Lippincott & Co., Philadelphia; and 16 Southampton Street, Covent Garden, London. Toronto: Willing & Williamson.

This is a second edition of a very valuable book which the distinguished author gave to the American public many years ago. It is now presented in a much enlarged form, on excellent paper and in beautiful clear type, and is embellished with 24 fine plates, illustrating the views of the author on the construction and administrative arrangements of asylums for the insane. The important subjects of heating, ventilation, drainage, water supply, cooking, washing, lighting, protection against fire, and, in short, every other requirement of a building intended for the safe lodgment and appropriate treatment of a large number of persons, whose intellectual improvement renders it necessary that the entire working of the establishment should, as much as possible, approach automatic perfection, are all ably treated.

To all persons connected with the management or direction of asylums for the insane, this book cannot fail to be eminently instructive and useful, but its usefulness is by no means restricted to this class of public institutions; valuable instruction will be derived from its pages by the managers and governors of all establishments, in which the preservation of health, and the promotion of general comfort, are desirable objects. Few men in this country, or any other, could be better qualified for the able treatment of the whole subject than Dr. Kirkbride, whose very long experience, extensive observation, and cautious consideration, well qualify him for the task he has now so ably performed. The chapters in the second part of the work, devoted to the exposition of the duties of the trustees, or other governing bodies, and those of the physicians and other officers of asylums, are deserving of the serious attention of these functionaries. Dr. Kirkbride has not spent over a third of a century in the specialty of alienism, without discovering that error is as often committed by governing bodies in the overdoing, as in the neglect of their work. Just as, too much law defeats the true purpose and best ends of law, so in public



institutions, too much interference by outside governors, is ever sure to undermine the authority of the internal administrators, and seriously impair their usefulness.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN, by T. Gaillard Thomas, M.D., New York. Fifth Edition, enlarged and revised, with two hundred and sixty-six engravings. Philadelphia: H. C. Lea's Sons. Toronto: Will & Williamson.

The present edition of this well-known work is fully abreast of the most recent advances in gynæcology. The author has bestowed two years of labor in the revision of the work; much of it has been re-written, and a considerable amount of new matter added. This of course was to have been expected, for with the rapid advances which have been made within the past few years in this department, the text book of to-day must of necessity be very different from that of even a few years ago. That the author has done his work well few who read the book will dispute. The author has a fund of experience to draw from which few possess, and he has given it to the profession in a most attractive and pleasing form. In his chapter upon uterine pathology, the author laments the unsettled state of the science. In medicine and surgery, the study of pathology is made the key-stone of the arch that supports them. In gynæcology, all is uncertainty and dissension. Many of its votaries are the partisans of some special dogma or theory, which is warmly attacked by others who hold some equally narrow and exclusive views. The author's views on this point appear to us to be pretty sound. He maintains that the pelvic organs of a woman, hitherto in perfect health, may become diseased by one of the three following abnormal developments in the uterus:—1st. Disorder in innervation and circulation; 2nd. Change in the quantity of connective or muscular tissue; 3rd. Change in position; that either of these lesions may be the forerunner of the other, and that the primary pathological conditions or especial factors of uterine disease are:—1st. Catarrhal inflammation of the lining membrane; 2nd. Prolonged congestion of the uterine tissues; 3rd. Excessive growth of connective or muscular tissues.

The practical part of the work is all that can be desired, and we would strongly advise all our

brethren who give any attention to diseases of women, to obtain a copy of the work. Both this work and Hamilton's on Fractures and Dislocations published by Leas' Sons, are finished in a new and beautiful style of binding.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS, by Frank H. Hamilton, M.D., New York. Sixth edition, revised and improved. Illustrated with three hundred and fifty-two woodcuts. Philadelphia: H. C. Lea's Sons. Toronto: Willing & Williamson.

This excellent work of Dr. Hamilton is beyond criticism, as we have no standard with which to compare it; the only complete work of the kind being that of Malgaigne now almost obsolete. Prof. Hamilton's work has, however, been now twenty years before the profession in America, and has received almost universal endorsement. The present edition has been revised with great care by the author, some parts re-written, and a chapter added on General Prognosis. Some of the old cuts have been removed to make room for new ones. This valuable work will form a most reliable guide to the practitioner in the treatment of all forms of fractures and dislocations.

#### PLEASANT REMEDY FOR ITCH.—

Balsam of Peru.....	1 ounce.
Benzoic acid.....	110 grains.
Oil of cloves.....	40 drops.
Alcohol.....	2½ drachms.
Simple cerate.....	7 ounces.

The essential oil and the benzoic acid are dissolved in the alcohol, and mixed with the cerate, then the balsam of Peru is added. It is claimed to effect a cure in twenty-four hours.

#### Births, Marriages and Deaths.

On the 28th of Dec., 1880, A. Sanderson, M.D., of Albion, to Jennie A., eldest daughter of Rev. Thomas Baldwin of St. Thomas.

On the 12th ult., R. H. Abbott, M.D., of Comber, Ont., to Annie, eldest daughter of A. Sutherland, Esq., of Kingston.

On the 12th Jan., C. C. Baines to Mary Louise, youngest daughter of C. W. Covernton, Esq., M.D. of Toronto.

On the 10th Jan., H. G. Mackid, M.D., of Lucknow, to Matilda Charlotte, youngest daughter of L. G. Meyer, Esq., of Harpurhey.

On the 3rd ult., J. K. Oliver, M.D., of Kingston, aged 40 years.

# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

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## Original Communications.

### SPINAL IRRITATION WITHOUT DEFORMITY TREATED BY SUSPENSION, AND THE USE OF PLASTER OF PARIS BANDAGE.

BY A. A. HENDERSON, M.D., OTTAWA.

I wish briefly to state to the profession the result of treatment of several severe cases of spinal irritation without deformity, cured by suspension and the application of plaster of Paris, after a thorough but unsuccessful trial had been made of the means usually adopted in the treatment of that severe complaint. I applied it for the first time in this disease on the 11th of March 1878, after having for twenty-two months faithfully attended my patient, and during that period having repeatedly had consultation with professional friends, and used thoroughly every remedy which they or I could suggest. I applied a jacket which gave immediate relief. Suspension was not only perfectly painless, but on the contrary, the pain caused by the disease, ceased the instant the patient was raised by the suspender. As a result of this, and subsequent cases, I feel satisfied that in suspension and plaster of Paris we have a means as certain to cure in spinal irritation without deformity, as in spinal curvature, and giving as perfect and immediate relief from pain. I have not used this treatment in mild cases, for they as a rule yield readily to more convenient means, but whenever the case shews obstinacy, I now advise suspension and a plaster jacket with perfect confidence as to the result. I give the history of three of the most interesting of the cases I have treated in this manner.

*Case 1.*—On the eighth of May 1876 I was called to attend Miss H—, aged 25. I found her suffering from the usual symptoms, produced by irritation of the cord throughout its entire length. Two

chief points of spinal tenderness on pressure were found, one situated in the lower cervical, and the other involving the lower dorsal and upper lumbar region. No part of the spine, however, was perfectly free from tenderness on pressure. She complained of pains in the head and face, of a neuralgic character, and chiefly unilateral. The pain in the face was accompanied by slight but frequent twitching of the facial muscles of the left side. There was much prostration, a feeble state of the circulation, coldness of the hands and feet, and loss of appetite. Occasionally severe pain was felt at the præcordia, at other times the pain was abdominal. Headache was increased by mental or physical exertion, and palpitation of the heart was usually induced by either of them.

The usual constitutional and local treatment gave temporary relief, but in the early part of September of the same year, these symptoms returned in a more aggravated form, and accompanied by spasms which in spite of all treatment continued to become more violent, and to change from one part of the body to another, till they finally became violent general convulsions. The changes in the spasms were peculiar and interesting. They first appeared on the side of the face, next the muscles of the arms were affected, then those of the body were involved. The general convulsions varied. At one period there were convulsive movements of the body and extremities. These disappeared, to be replaced by a peculiar movement which caused the patient to slip downwards to the foot of the bed. These in turn yielded, only to be replaced by violent convulsive movements of the body and limbs, which ended on each occasion by the patient being suddenly raised to a semi-erect posture and then turned violently over, face downwards upon the bed. These also disappeared in turn, to be succeeded by a rapid hammer-like movement of the head and upper part of the body. The movements were very violent, and directed only backwards and forwards, necessitating a pillow being held against the back of the head to protect it from injury. The attacks returned several times each day. I repeatedly called my medical friends in consultation, but all our efforts failed to arrest the disease, which continued with gradually increasing severity till March 1878. She was now terribly reduced in strength, and hope of recovery seemed gone. Any attempt to move her caused intense suffering.



I now determined as a *dernier resort* to try suspension, and the application of a plaster of Paris jacket according to the method recommended by Dr. Sayre of New York for the relief of posterior curvature of the spine. On 11th March, 1878, having obtained the consent of my patient and her relations to try this as a forlorn hope, I raised her carefully in the suspender, and rapidly applied the plaster bandage in the usual manner. When raised in the suspender she said, "I feel no pain now, but I am very weak." In eight minutes I had put on the jacket, and just as it was almost completed she fainted from exhaustion. I at once lifted her from the suspender and laid her upon a sofa, when consciousness soon returned. I allowed her to rest for half an hour, and then carefully raised her to the sitting posture, when to my intense satisfaction, and her own unbounded delight, she was for the first time in several months able to sit alone, and perfectly free from pain. In half an hour more, one hour after suspension, she was able to stand alone for a few minutes. Her improvement in strength was now rapid.

Early in July of the same year, (1878) though perfectly free from pain or spasms of the body or limbs, and strong enough to walk about, she was seized with spasms of the head and face, without pain, but accompanied by tenderness of the cervical portion of the spine on pressure. I immediately attached Dr. Sayre's *jury mast* to her plaster jacket, and was gratified to find that the spasms ceased the moment the head was firmly supported by the jury mast. From that time her recovery was satisfactory. There was no return of convulsions.

I changed the jacket occasionally as in spinal curvature. On the 22nd of October 1879, I removed the jury mast, and on the 30th of the same month I removed her jacket and pronounced her cured. From that time to the present she has enjoyed excellent health.

*Case 2.*—On May 10th, 1878, I was requested to visit Mrs. F—. She told me that her health had been poor for several years, and for nearly four months she had been confined to her house, with symptoms which I found indicated spinal irritation of the dorsal region. No muscular spasms existed, and no deformity.

I suspended her and applied the jacket in the usual manner. She stood the operation well, and expressed herself highly pleased with the change

in her feelings, which the jacket produced. I ordered her to take abundance of fresh air and no medicine. Her health improved rapidly. I applied in all four jackets. On October 15th, 1879, I removed her last jacket, she being perfectly well.

*Case 3.*—On March 23rd, 1880, Mrs. L—, a young married lady consulted me; she suffered agony from spinal irritation of the dorsal and lumbar regions. No deformity existed. The symptoms were those we generally find in such cases, only the suffering was more than usually intense. This state of matters had been going on for a year. I applied a jacket with much difficulty, and much more loosely than usual, on account of even slight pressure causing a feeling of suffocation. The jacket benefited her so much that I permitted her to go home, a distance of seventy-five miles. Her next jacket I was able to apply much tighter. On November 16th I applied the one she has on at present. Her health has improved very much, and when I saw her last, she certainly had almost been restored to perfect health. I expect soon to remove her jacket for the last time.

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### FRACTURE OF THE SKULL, WITH A COMPLICATED FRACTURE OF THE LEFT FOREARM.—RECOVERY, WITH UNAVOIDABLE RESULTS.

BY C. FREEMAN, M.D., MILTON, ONT.

The case which I am about to report is interesting to the profession in two particulars; firstly, from its being of extremely rare occurrence, and secondly, from its having formed the subject-matter of a supposed case of malpractice.

D. T., æt. 14, carpenter, whilst assisting his father in the erection of the new Town Hall at Georgetown, Ontario, fell on the morning of the 17th of August, 1878, about 22 feet, with a pair of rafters in his hands, on the hard floor, his head striking against a scantling. The fall produced fracture of the skull above the left orbit, (followed by both concussion and compression of the brain) and fracture of the radius and ulna of the left forearm in their lower third, with rupture of three of the tendons of the flexor sublimis digitorum at their attachments to the muscle—and severe contusion of the other flexors. There were no abrasions of the skin at the seat of either fracture.

Drs. Wm. Freeman, Standish, Starr and Rannay were summoned immediately and found the patient apparently lifeless, with little or no prospects of recovery. After the free use of salts of ammonia and other stimulants, Dr. Freeman reduced the fracture of the left forearm and applied Day's splints. He then cut down and elevated the depressed bone of the skull, with the assistance of the medical gentlemen present. The patient was seen three times on the day of the accident and the arm was dressed during the evening. The boy was in a semi-comatose state for a few days and required the use of the catheter. The arm and head were dressed daily and the patient was seen twice and thrice daily for two weeks, and afterwards once a day until the 7th of October. Drs. Rannay, McGarvin and C. Freeman saw the boy in consultation at subsequent periods within ten or twelve days of the receipt of the injury, and corroborated the defendant's testimony at the trial, that at no time was there a solitary condition present to indicate gangrene from tight bandaging—but the deep-seated suppurative inflammation arose from rupture and contusion of the tendons from the severity of the accident. About the beginning of the second week a fistulous opening made its appearance over the seat of fracture and gradually enlarged upwards, until three of the tendons of the flexors came down and were removed by the attending surgeons, about the beginning of the third week, when Dr. McGarvin had paid his second visit. When the suppurative inflammation commenced, the anterior splint was removed and never used again. The bandage was then applied around the palm of the hand and up the arm, leaving an interspace of about four inches to allow local applications over the seat of the fracture. After the debris was removed, it healed kindly, resulting in a perfectly straight forearm with partial contraction of the fingers, produced by the adhesion and contraction of the flexor profundus digitorum. The patient was requested to persevere with passive motion, which he declined because it caused pain. The parents, at one time, wished Dr. Freeman to remove the hand, but this he declined to do, stating, that though impaired, it would be better than an artificial hand. No dissatisfaction was expressed during the treatment nor afterwards, until the doctor sent his bill, when the father manifested his high appreciation and admiration of the doctors' skill and great atten-

tion to his son by instituting a most vexatious suit at the Milton Assize Court, for \$5,000, in September last, for negligence and want of skill during the treatment of his son.

In consequence of the delay in obtaining the preliminary examination of the patient before his Honor Judge Miller of Halton, Chief Justice Wilson granted the application for changing the venue to the Hamilton Assizes, on the 25th of October. Notice was given for trial and expenses again incurred, and then it was countermanded. The gist of the boy's evidence before Judge Miller was, that he was faithfully attended by Dr. Freeman; his hand and fingers were never swollen, benumbed or discolored, and that his finger nails were natural and did not come off. He wanted money for the partial loss of his hand. The trial finally took place on the 5th and 6th of January, 1881, at the city of Hamilton, before Mr. Justice Galt. The chief contention on the part of the plaintiff's counsel was, that the arm was not dressed for eight days, and thus the deep seated suppurative inflammation arose, solely from the splints and tight bandages—through the culpable neglect and want of skill of the defendant. This was very inadequately supported by the lay testimony of the patient's family and friends, together with the professional testimony of Drs. Standish, Starr, De La Haye, Bennet and Hagel. On the other hand, the defendant's counsel contended that there was neither negligence nor want of skill in the treatment of the patient, which was conclusively established, not only by a number of disinterested and respectable lay witnesses, but was further ably and unanimously confirmed by Drs. Canniff, of Toronto, Ridley, Billings, Mackelcan and Miller, of Hamilton, McMahon, of Dundas, Buck, of Palermo, McGarvin, of Acton and C. Freeman, of Milton. The Judge's patience was sorely tried and almost exhausted by the hesitancy and delay on the part of many of the medical witnesses for the prosecution, when he put this important question to them, "Would not deep-seated suppurative inflammation, which lasted for months, be more likely to occur in a broken limb from internal injury or contusion, than from any subsequent bandaging or splints?" His Lordship, after paying a very high encomium on the medical profession and its advantages to the public, animadverted in the strongest terms on the ingratitude of the



plaintiff and the vexatious injustice and great expense incurred by the suit to the defendant. It is therefore my duty, said the learned Justice, not to allow this case to go to the jury, as there is not a vestige of evidence to show either negligence or want of skill on the part of the defendant. It is certainly an outrage on the profession, that unprincipled men who desire to evade the payment of a just and honorable debt, should be permitted to put any surgeon to such extraordinary annoyance and expense without giving security for costs. Politicians are protected in the costs for protested election trials. Why not extend the same right and privilege to the medical profession? . . .

There should be a limitation of three months in which to bring an action for malpractice, which is the time allowed by law to bring actions for damages against municipalities in cases of accidents. Why should there be such discrimination against members of the medical profession?

### ON EARACHE, ITS VARIETIES AND TREATMENT.

BY G. S. RYERSON, M.D., L.R.C.P.S.E., TORONTO.

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, Toronto, and Surgeon to the Mercer Eye and Ear Infirmary.

Pain in the ear may depend upon inflammation of the external auditory canal, the middle ear, or upon neuralgia. Inflammation of the external auditory canal may be diffused or circumscribed. When diffused, the auditory canal is greatly swollen and may be completely closed. It is hot, dry and covered with dry flakes of epithelium. It is pale red in colour and has a puffy or œdematous look. Pain is considerable, but the patient is as much distressed as suffering. Moving the auricle, or touching the part causes increase of pain. The hearing is dull and there is much tinnitus, roaring and throbbing.

The causes are exposure to draughts; irritation of a foreign body, as a plug of wax, and imperfect drying of the ear after bathing. A chronic form may be induced by the bad habit of picking the ear with pins.

The following case will illustrate the value of atropine in the treatment of this affection. A young gentleman consulted me on September 17th,

for pain and swelling of the right external canal and meatus acquired by travelling in the cars with a window open. The pain was considerable, and prevented his sleeping. The external meatus was nearly closed. Pain was increased by pressure, but there was no especial point where it was greater than at any other. I ordered two leaches to be applied to the tragus, and Tinc. opii.  $\text{ʒii}$ . Liq. Plumbi diacetatis  $\text{Mxl}$ . Aq.  $\text{ʒi}$ . to be dropped into ear. This gave some relief, but pain and swelling still persisting, I made a free incision along the lower wall of the canal. This also failing to give permanent relief, I ordered 6 to 8 drops of atropiasulph. grs.  $\text{iv}$ . ad. aq.  $\text{ʒi}$ . to be dropped into the ear every hour. The effect was magical; the pain was relieved in five minutes, and pain and swelling rapidly subsided, so that he ceased coming on the 20th. When more circumscribed it constitutes an abscess, and finds its best example in furuncle of the ext. canal. The pain is more severe, swelling greater and more vividly red than in the diffuse form. One point is exceedingly painful on pressure. This point should be early and deeply incised, even though no pus be formed. Filling the ear with warm water gives relief. Atropine may also be used, but the incision is usually sufficient. Saline waters may be taken to prevent recurrences, as furuncles are very liable to come in crops. Acute inflammation of the middle ear is the commonest cause of earache. It constitutes, what is commonly and erroneously called an "abscess" of the ear, and is only too often the forerunner of the worst ills the ear is heir too. The name abscess is a most unfortunate one, leading as it does to poulticing and like injurious procedures. A cold in the head, measles and scarlet fever are the usual causes of acute suppurative inflammation of the middle ear. A person having a bad cold in the head, notices that he does not hear very well; he has a stuffy feeling in his head; soon sharp pains dart from the throat to the ear; there is a sense of weight in the ear, with throbbing and noises like steam escaping. The pain gradually increases with occasional violent paroxysms; it is always worse at night. The membrana tympani is greatly injected and bulges, being grey or yellow according as pus is formed or not. As the pain increases delirium may supervene in adults. Convulsions and coma are not uncommon in children. They are often mistaken for symptoms of brain disease.

Owing to the closure of the eustachian tube by swelling, the effused fluids in the tympanum cannot escape into the throat, but accumulate in the tympanum, and by constantly increasing the tension, force the drum onwards and finally ulcerate it. When thinned somewhat it gives way with instant relief to the patient. Hence the practice has unhappily arisen, of poulticing the ear to bring the abscess to a "head." Our efforts should be directed to prevent suppuration and effusion in so delicate an organ as the ear, not to encourage it, and thus destroy the drum membrane to a greater or less extent, displacing the ossicles, and perhaps rendering the patient deaf for life, or the subject of a disgusting discharge; to say nothing of the risk to life from caries of the roof of the tympanum and abscess of the brain.

The treatment is simple; it consists in the early stage, of inflating the middle ear with Politzer's air bag, thus opening up the Eustachian tube and permitting the accumulated fluids to escape. Filling the ear with warm water will often give relief. Eight to ten drops of atropia sulph. grs. iv. aq. ʒj. should be instilled in the ear every two hours. A leech applied to the tragus will give great ease. The wound should be encouraged to bleed for some hours after the leech has fallen off. Should the patient be seen later when there is much bulging of the drum head, paracentesis should be done with good illumination by a head mirror. This at once relieves the intense pain, saves the drum from loss of substance, and the ossicles from displacement. It also heals up more readily than when ulcerated. Should the drum have burst before the practitioner is called in, acid boracis gr. xv. ad aq. ʒj. and zinc. sulph. grs. v. ad aq. ʒj. will be found to gradually arrest the discharge. The ear should be frequently syringed, and the greatest cleanliness observed. *Poultices should never be applied to the ear.* Laudanum and oil are of little use. It also frequently follows measles and scarlatina. Neuralgia of the ear, is rarely met with, and then in nervous women. It does not differ essentially from neuralgia in other parts. There is sometimes abnormal sensibility to sound present, more often however—deafness. The treatment is principally tonic. There is no special local treatment which can be relied upon.

## CASE OF UTERINE FIBROUS POLYPUS.

BY J. A. GRANT, M.D., F.R.C.S., EDIN., OTTAWA.

Mrs. H., aged 43 years, of fair complexion, in fact almost exsanguine, black hair and eyes, bilious temperament, regular conformation of body, about 5ft. 6in. in height, and giving evidence at one time of considerable vigor of system. Menstruated at an early age, and with marked regularity during married life. The mother of six healthy children. Now a widow, which she has been for several years. When about 40 years of age, she began to suffer from frequent discharges of bright and coagulated blood, which would continue at irregular intervals for several days at a time.

Frequently annoyed by a feeling of uneasiness and discomfort about the back and loins, which was much relieved by rest in the recumbent posture. At times there was a muco-purulent discharge from the vagina, which occasionally assumed a sanious appearance and became exceedingly offensive in character. She laboured under the idea, that the disease was purely ulceration of the os. Various simple measures were adopted, without any apparent improvement. About the 1st of December I was requested to take charge of the case. At this time there was considerable hemorrhage, offensive and clotty; bearing down pains; irritability of the bladder, associated with pelvic pain, tenderness in the iliac regions extending to the hypogastric, the greatest sense of comfort being experienced by the dorsal decubitus. These symptoms had continued at intervals for fully three years, giving indications of an increase of the diseased manifestations, such as the phenomena of anæmia, blood degeneration and decomposition, with falling off in the digestive functions and the usual associates of failing power in the stomach—the organ of all others which possesses such remarkable sympathetic activity, under either normal or abnormal uterine disturbance. On making a careful vaginal examination, I found the canal free at the entrance, and about two inches from the orifice, the polypus was felt quite distinctly, and admitted of the finger being passed up into the neck of the uterus, the pedicle being well defined. At the first examination the discharge was exceedingly offensive, so much so that I feared the existence of some cancerous complication. After a few days, made a second examination, when, owing to careful



syringing, the offensive character of the discharge had greatly disappeared, and the true character of the disease was more accurately defined. After ten days constitutional and local treatment, the finger could be passed freely into the uterus and the pedicle traced readily towards its attachment at the fundus. Being kindly assisted by Dr. Prevost, the growth was exposed by a Sims speculum, and secured as high up as possible with hooked forceps, and while gentle traction was being made, a wired *ecraseur* was passed round the pedicle high up, and in a few minutes the tumor was dislodged from the position it had taken up for a period of fully three years or more.

The polypus is pyriform in shape, about the size of an ordinary specimen of that fruit, and having a narrow, elongated pedicle, which was readily divided or compressed through, without a single untoward result. At present, four weeks after the operation, the os uteri has regained its normal vigor, having contracted to the usual size; the discharge has entirely ceased, the various sympathetic indications have almost entirely disappeared, and altogether the system gives well-defined indications of constitutional improvement.

The term polypus is significant in its character, and involves many points of interest. The surgical history of this subject has undergone considerable modification since the days of Dr. William Hunter, who first described fleshy tubercles or fibrous tumours of the uterus. Dr. Baillie has the credit of first pointing out the similarity of structure between fibrous tumours of the uterus and polypi. Since those days the writings of Simpson, Priestly, Hewitt, Barnes and Thomas, have done much to clear up our ideas as to a more correct history of these growths, at present of frequent occurrence in our section of country. Goodell, in his recent practical work, defines a polypus uteri as a stalked tumour hanging from the mucous membrane of the womb, and partaking of the same histological character as the stroma from which it springs. Hence the origin of the terms mucous, fibroid, myomatous and glandular polypus. In addition, Barnes recognizes hypertrophic polypus of the cervix, vascular polypus and placental polypus. Since the days of Scanzoni, Rokitsansky and Braun, who took much interest in the pathology of these growths, several varieties have been described, but for all practical

purposes, the classification of Barnes, Thomas or Goodell is sufficient to meet the requirements of any uterine emergency. In the case noted, one point was of much significance, which is particularly dwelt upon by Barnes, that is, the obstinate uterine hemorrhage. He says that in all such cases the cavity of the uterus should be explored by dilating the cervix, in order that we may be enabled to determine the presence or absence of a polypus. With our present advanced ideas on such subjects, there is scarcely left a possibility of doubt, as to the difference between an inverted uterus and a polypus, thanks to the careful pathological and physiological inquiry of the present day. According to Hewitt, the particular period at which these growths have been most observed is when the uterus is at the highest degree of functional activity. Of 85 cases recorded by Dr. West, 21 occurred between the ages of 20 and 30. In uterine pathology, some points of terminology are perplexing to the junior student, and a frequent source of doubt as to the precise meaning. As an example: Recurrent fibroid tumours and fibrous polypus. The first is applied, as we know, to a rare affection, being in fact a growth proceeding from the inner wall of the uterus, and projecting downwards through the os, exactly like an ordinary fibrous polypus, but differing in the especial fact, that a *new* tumour is liable to grow soon after the first one is removed, and hence the designation recurrent, and unlike cancer in every particular except in malignity. The most common form of polypus which has so far come under my notice, is the *glandular* or *mucous* polypus, which, according to Paget, originates in cystic degeneration of the glands in the mucous membrane about the cervix uteri. It is a recognized principle, that as a rule, polypi prevents pregnancy. In 1879 I expressed that opinion in a case where I had observed a well-defined mucous polypus, quite in the os. Since that date the woman was delivered of a seven months' child, much to my surprise. According to Paget, fibrous polypi of the uterus are in fact *continuous* outgrowths of, and form the substance of the uterus, and that fibrous tumours are discontinuous growths of similar tissue in or near, not of the substance of the uterus. In all such cases where a doubt exists as to the exact nature of the pedicle, it is considered prudent to avoid the use of anæsthetics, when operative interference is necessary.

## Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I enclose you an advertisement cut from our local paper here, *The Expositor*, by Dr. M. Hilton Williams, which speaks for itself. I find upon enquiry that he is a graduate of Victoria College and a member of the College of Physicians and Surgeons, Ontario. I think this a very exceptional instance—a graduate of a Canadian University prostituting his position and adopting the *role* of the quack—and I would like to call the attention of the authorities of Victoria to the conduct of its unworthy son.

Yours, etc.,

Feb. 16th, 1881.

A. B.

Dr. M. HILTON WILLIAMS, proprietor of the "Detroit Throat and Lung Institute," intends making a professional tour throughout Ontario prior to his establishing an Institute in the city of Toronto, to be designated "The Ontario Pulmonary Institute, and will arrive at the Kerby House, Brantford, on Wednesday, February 9th, and will remain for a few weeks. . . . Never before have the people of Brantford and surrounding country had such a favorable opportunity of being treated: . . . for by the system adopted by the Doctor, but a few weeks or months are required to cure the most obstinate cases of Catarrh, Throat Diseases, Asthma, Bronchitis, and the earlier stages of Consumption. . . . Our Institute at Detroit has been permanently established since 1870, since which time nearly 18,000 cases have been permanently cured of some of the various diseases of the Head, Throat and Chest, viz.: Catarrh, Throat Diseases, Bronchitis, Asthma, Consumption, Catarrhal Ophthalmia (Sore Eyes), and Catarrhal Deafness. Also, diseases of the Heart. Our System of Practice consists in the most improved Medicated Inhalations, combined with proper constitutional treatment. . . .

The very best of references given from all parts of Canada from those already cured. Remedies sent to any part of Ontario. Consultation free. If possible, call personally for consultation and examination, but if impossible to do so, write for "List of Questions" and "Medical Treatise."

Address, M. HILTON WILLIAMS, M.D.

To the Editor of the CANADA LANCET.

SIR,—May I again ask the favor of space for a reply to another communication from Dr. Ruttan on the use of olive oil for the solution of biliary calculi.

I accept Dr. Ruttan's statement when he says he has for himself verified the assertion that olive oil causes the discharge of large numbers of fatty concretions, whether a patient is subject to liver disease or not.

This matter being disposed of, it will be observed that the main results brought about in the cases recorded by me remain untouched. I have already said that should the theory of the separation of the solid from the fluid parts of the oil prove to be the true way of accounting for the formation of the fatty concretions, that in that case it is fair to hold that the calculi were not partially, but wholly dissolved. What are the grounds? Undoubted relief was obtained from the symptoms of the presence of gall stones, and the periodical suffering, which in some cases had been of several years' standing, disappeared. Olive oil, the agent employed, is probably the most effective and rapid solvent of cholesterine of any which have hitherto been tried.

As to the *modus operandi* of the agent, let it be considered for a moment how the calculi have in the first instance been formed. Cholesterine, we will say, exists in the blood, and in the liver normally in a fluid state, but in minute quantity. In certain abnormal conditions it is formed in excess, and when so formed it tends to become solid and attach itself to floating shreds of inspissated gall or mucus. The process of the formation of a gall stone has commenced, and layer upon layer of cholesterine being deposited, a gall stone is the result. The reverse of this procedure must take place when a calculus becomes dissolved. If an excess of a material which has the property of dissolving cholesterine be now formed in the blood, and through it into the liver, we have the necessary condition for producing this result. Oleine, if it be so assimilated, furnishes the required condition. That the result does take place in a given instance, can only be arrived at by the subsequent history of the case. Such a history will, I believe, be found in the case of Robert C., by any impartial medical gentleman who seeks to investigate it.

I notice that Dr. Ruttan has fallen into a slight mistake with reference to Dr. McLean, of Michigan University. Dr. McLean himself had no experience in these cases. It was a colleague of his who tried and succeeded in the use of the



remedy. I knew nothing whatever of his views with respect to the fatty concretions.

Dr. Ruttan's comparison of the concretions with gall stones, however it may hold in regard to fatty concretions, are inapt and cannot be held to apply in respect to gall stones supposed to be subjected to the action of olive oil within the system. Calculi subjected to the action of olive oil heated, do not for any time retain their original appearance and characteristics. A few minutes serve to denude the nuclei of cholesterine. What happens in these circumstances out of the system will, *ceteris paribus*, take place within the system; and it is a fairly legitimate conclusion, that if the oil has access to them, either directly or indirectly, they will disappear,—the nuclei, which of course cannot be detected, alone remaining undissolved.

Dr. Ruttan records the fact that he has found olive oil a valuable aid for the removal of scybalæ, but from the following statement made to me by an old patient, he seems to have succeeded by using it in other cases also. I attended Wm. L., a respectable farmer, for remittent fever somewhat over a year ago. I prescribed quinine in large doses, with only partial relief. The patient thought it well to seek the advice of other medical men. These gentlemen expressed surprise that I had not recognized the affection as one of gall stones. The remedy, he informed me, was olive oil in large doses. The medical men were Dr. A. Ruttan and Dr. Ruttan, Jr. Whatever the *modus operandi* of the oil in this case the patient was relieved, and expressed himself well pleased with the issue. I also was not a little pleased to have the testimony of so unexceptionable a witness to the value of the oil as used by Dr. Ruttan in his own practice.

Yours faithfully,

Bath, Feb. 12th, 1881.

R. KENNEDY.

### ELECTRO-THERAPEUTICS.

To the Editor of the CANADA LANCET.

SIR,—There is an adage now beginning to be somewhat received—"That it is not so much electricity that cures, as the method of using [it]." A communication in the last number of the *Lancet*, "On Electro-Therapeutics," by Dr. A. M. Rosebrugh, quite forcibly illustrated this. While his descriptions of the methods of general faradization

and central galvanization were in general very good, he falls into the common error, that the full measure of benefit to be derived from general faradization,—can be obtained through partial or incomplete methods of procedure. He does not by any means stand alone, for at a recent meeting of the American Neurological Association, a gentleman, who is supposed to be well informed in the principles of electro-therapy, while testifying to the tonic effects of electrical applications, stated also that he had found it unnecessary to do more than to place the electrodes in either hand of the patient. Comment is unnecessary. Dr. Rosebrugh's proposed modification of general faradization, is not so bad, yet by no means satisfactory. He would "dispense with the copper plate, and avoid the inconvenience of bareing the feet and keeping them warm during a seance, by applying the negative electrode, either to the back part of the leg, the outer side of the thigh, or to the popliteal space." He says also that "a double cord may be connected with the negative pole, and an electrode applied to each of the lower limbs." It is impossible to carry out the method with any degree of thoroughness in this way. An electrode placed either on the back of the leg or thigh, would in most cases, cause too great muscular contractions together with other effects, long before the current was sufficiently strong at the other pole for many of its effects. The negative pole placed in the popliteal space when the nerves lie so near the surface, would in like manner cause effects exceedingly disagreeable.

As to the suggestion of a double cord connected with the negative pole, the same objection prevails, together with the practical difficulty, through inequality of pressure, &c., of equally influencing the two limbs. While it is quite within the power of every physician to utilize in his practice, these two methods, their mastery is not so simple a thing as some would imagine. As much patient labor and attention to detail, is, it is safe to say, required, as in any other special department.

Rightly used, they need never do harm, and in many chronic conditions possess undeniably the power of relieving after the failure even of the most approved remedies. And I must say, that after an experience in not only thousands but in scores of thousands of applications, that the difference in result between incomplete applications with little at-

tention to detail and the more thorough methods of treatment, is in many cases all the difference between agreeable success and painful failure.

Very truly yours,

A. D. ROCKWELL, M.D.

46 East 31st St.,

New York, Feb. 10, 1881.

## THE ORGANIZATION OF A BLOOD CLOT.

To the Editor of the CANADA LANCET.

SIR,—In the January number of the LANCET, Dr. Canniff reiterates the statement that a blood clot does not become organized in a wound treated antiseptically, and he calls upon those who practice Listerism to prove that when a clot does become organized that it is anything else than (1), fibrine, coloured by the unbroken corpuscles; (2), fibrine, covered by blood; (3), "fibrine, colored by the red property of the blood." He further adds, "that clots of this kind I have repeatedly seen becoming consolidated under ordinary open treatment of wounds."

If Dr. Canniff would explain what he means by a blood clot, this discussion would be greatly simplified. According to all physiologists, a blood clot is composed of fibrine and corpuscles. I confess that I cannot understand what Dr. Canniff means when he speaks of "fibrine covered by blood," or of "fibrine coloured by the red property of the blood." Such combinations can, I venture to affirm, never exist in a wound. Dr. Canniff's first form of clot, "fibrine coloured by the unbroken corpuscles," is a true red blood clot, and if Dr. Canniff means what he says, that he has seen it undergo organization under the most indifferent treatment, his experience is, to say the least of it, unique; but the Dr. evidently does not believe this, for in another part of his communication he distinctly leads his readers to believe that a blood clot does not undergo organization under any form of treatment. The only natural inference from this is, that Dr. Canniff does not believe that a blood clot is composed of fibrine and corpuscles.

That a blood clot does undergo organization in a wound treated according to Lister's method, we have overwhelming and incontestable evidence, not only from those who practice Listerism, but also from those who do not. Among the former I

would mention Dr. Just Lucas-Championnière, who says,\* S'il a des caillats de sang enflammés derrière les lambeaux, entre les livres de la plaie, au de se désagréger, de provoquer la suppuration, d'empêcher la réunion, ils s'associent aux phénomènes de réparation. On voit leur surface prendre une teinte grise très caractéristique. Ils sont adhérents aux lèvres de la plaie, il faut uncertain pour les détacher et au bout de quelques jours, si on les gratte ou fait saigner leur surface; il y a là des vaisseaux nouveaux.

D'après le professeur Lister, ils s'organisent sur place. A coup sûr, l'opérateur ne doit point redouter leur présence dans la plaie.

I have seen true blood clots undergoing organization in Billroth's wards, in cases treated according to Lister's most improved method. Esmarch has lately (Berliner Klin. Woch.) shown how very large blood clots undergo organization in bone operations performed antiseptically. It is well known that Nussbaum and Volkmann believe in the organization of blood clots under antiseptic dressing. Keith says, (*Brit. Med. Fr.*) that one of the causes that determined him to adopt Listerism in ovariectomy, was the fact that he saw in Lister's wards a blood clot undergoing organization in a case of compound fracture.

In speaking of this case afterwards, he said: "I could not get over the organization of the blood clot in the wound." Heath, although he does not practice Listerism, says he has seen a blood clot undergoing organization in Lister's wards. Can it be possible that such men as Lister, Billroth, Nussbaum, Esmarch, Volkmann, Championnière, Keith, Heath, &c., are wrong, and Canniff right?

Dr. Canniff uses Sir J. Paget's name as if he was an opponent to Listerism. The following extract from the speech delivered by Paget at the discussion on antiseptic surgery, in St. Thomas' Hospital, shows this eminent surgeon's estimate of Listerism. (LANCET, Oct. 20, 1879:—

"I admit with Mr. J. Hutchinson, that such operations as ovariectomy, osteotomy, incisions into healthy joints, the opening of large abscesses, *could* and *should* only be done under the protection of thorough antiseptic measures. Of all the important additions to knowledge, this has been the

\* Chirurgie, Antiseptique, Principes modes. D'Application et Resultats, Du Pansement De Lister. Deuxième édition, p. 115.



greatest, and in that work he who beyond all comparison has done most is Prof. Lister."

I had not the slightest intention in my former communication of conveying the idea that the President-elect of the Canada Medical Association should be debarred from expressing his opinion as to the value of Listerism. What I wished to say was, that it was a painful blow to many of the readers of the CANADA LANCET, to see such an expression as "hocus-pocus proceedings" applied to the results of labour which are now universally acknowledged by the civilized world to be the greatest boon of the century to poor, suffering humanity.

Yours, &c.,

J. STEWART.

Brucefield, Feb. 14th, 1881.

### Reports of Societies.

#### ONTARIO MEDICAL COUNCIL — EXECUTIVE COMMITTEE.

The Executive Committee met in the College building, February 8th, 1881. Present :—Drs. Bergin, Macdonald, Edwards, Husband, Allison, Burns.

The minutes of the last meeting were read and confirmed.

The Matriculation Examination, held in August last, was discussed for a short time.

Dr. H. H. Wright appeared before the Committee on a matter connected with a petition of some students, after which, the discussion of the August Matriculation Examination was continued.

It was moved by Dr. Macdonald, seconded by Dr. Burns,—

It appearing that a clear provision has not been made by the Medical Council with regard to the Matriculation Examination in August last, and that doubts have arisen as to the regularity of that Examination on the part of the Council,—that students who have passed on any subject in August, shall be allowed that subject at the next Examination in April.—*Carried.*

The use of part of the basement was applied for by the Natural History Society. Under certain conditions, this was granted, subject to the approval of the Council.

Mr. J. A. McDonald (a student) appeared before the Committee, introduced by Dr. Burns, and explained the object of the petition he presented to the Committee. He wished to be allowed the

subjects on which he passed at the last Primary Examination, 1880.

Moved by Dr. Burns, seconded by Dr. Husband,—That the petition be granted.—*Lost.*

A letter was read from the Minister of Education, enclosing a Memorandum prepared by two of the High School Inspectors. The letter was to bespeak the "careful consideration" by the Executive Committee of the Memorandum in question, which is as follows :—

(1). The present regulations of the College of Physicians and Surgeons of Ontario require candidates for matriculation to pass the Intermediate Examination, taking however *three* instead of *one* of the Optional Departments. There are in the Intermediate Examination programme, *four* optional departments, viz. :—

1. Latin.
2. French.
3. German.
4. Natural Philosophy, Chemistry and Book-keeping.

While candidates for the Intermediate Certificates are required to take any ONE of them, those for Medical Matriculation must take the first, the last, and either French or German. The result has been, that a great many of the High School masters have been put to serious inconvenience. Heretofore, the time tables have generally been so arranged, that all the optional subjects were taught at the same hours, the candidates for the Intermediate Examination being instructed together, in English and Mathematical subjects, and separated at the period for the optional departments. Now in schools where there are pupils preparing for medicine, the masters find it practically impossible to devise good time tables. Again, as the medical candidates have a greater number of subjects than the other intermediate candidates, they have not time to devote as much attention to the subjects common to both groups of pupils, and consequently cannot make as rapid progress in them.

2. The High School Inspectors are of opinion that the Intermediate Examination, pure and simple, is considerably more difficult than any entrance examination heretofore exacted by the College of Physicians and Surgeons, and they would suggest that it would be quite sufficient to require candidates in medicine to pass it, taking the Latin option. If, however, the Medical Coun-

cil think a higher standard desirable, they can, without inconveniencing the High School masters, secure one, on this basis, by requiring any percentage they choose of the marks to be obtained.

It is understood that the College of Physicians and Surgeons will not recognize any Matriculation Examination in which Natural Philosophy is not included. Should this reason have weight with the Medical Council, they could still lessen the difficulties of the High School masters by dropping French, German, Chemistry and Book-keeping from their programme.

After consideration of the above. It was moved by Dr. Burns, seconded by Dr. Edwards,—

That inasmuch as the latter part of sub-section V., page 11, of the Annual Announcement has been found, according to the testimony of all the High School Inspectors, to have created a good deal of confusion, and likely, if not certain, to be impracticable,—the said portion after the word "identity" shall not for the present, be carried out.

The motion was ruled out of order by the chairman, Dr. Bergin.

It was moved by Dr. Macdonald, seconded by Dr. Allison,—

That as it appears from a communication read to the Executive Committee and signed by the Hon. Mr. Crooks, that the Education Department is unable to comply with the expectations of the Medical Council as to the examination of parties wishing to be registered as matriculated medical students,—it is moved that the Matriculation Examinations by the examiners of the College be held as heretofore in Kingston and Toronto for one year more. In the meantime, the matter is referred to the consideration of the Council.

Some discussion ensued and the motion was not put.

Dr. Burns moved that the Registrar furnish to the next session of the Committee a report of the annual Assessment Fees, and also of the amounts paid for convictions to the Treasurer up to the 31st of January, 1881.

Committee met again in the evening. Petitions were presented from Dr. Wheatley for registration—not granted; also one from John Walker, a student matriculated in 1878, to go up for his final examination in the spring—not granted; also from A. H. Ferguson, student matriculated in University of Manitoba in 1877, not registered as a medical student till 1878, owing to his living in Manitoba,—he wishes to be allowed to go up for his final examination next spring—granted.

Reports of Assessment Fees and fees for convictions were presented by the Registrar.

Assessment Fees collected since July 13th,	
1880, to January 31st, 1881 .....	\$1195 00
Received from convictions for practising	
without license.....	149 25
Still due for do. ....	300 00

Petitions were presented from Mr. Ferrier and Mr. Brereton, making a request similar to Mr. Walker's—not granted.

Various other petitions were presented from students and others. Amongst these was one praying for the removal of Dr. Sullivan as examiner on Surgical Anatomy, owing to his teaching that subject, as stated in the Announcement of the School to which he belongs, it being contrary to the regulations of the Council to have any examiner examine in a branch he teaches.

The Registrar was instructed to correspond with the Kingston Medical School, to ascertain the facts of the case.

Other petitions were presented, and a letter from Mr. Holden, asking to be registered as a student after July 1st, 1881, on paying the fee and presenting a certificate of having passed the Intermediate High School Examination, with Latin included. The Committee decided that the Council must settle this question.

Certain accounts were presented and letters connected with assessment dues.

Communications were read from persons holding certificates of having passed the Intermediate Examination, inquiring if they can be allowed to take the Latin examination before the Council's examiners in April, 1881,—request refused.

The Memorandum of the Educational Department was again considered, and the Registrar was finally instructed to notify the Minister of Education that the Executive Committee had considered the Memorandum of the High School Inspectors, sent by him, and that they did not feel justified in making any change in the Curriculum as published in the last Annual Announcement, 1880-1881.

Committee adjourned, to meet again February 22nd.

#### TORONTO MEDICAL SOCIETY.

Dec. 16th, 1880.

The Society met at 8 p.m. The Vice-President Dr. Geo. Wright in the chair. The minutes of the previous meeting were read and adopted.



Dr. Canniff exhibited a patient in whom he had excised the elbow, for extensive articular disease. The arm was in very fair condition.

Dr. Bertram Spencer was proposed, and Dr. T. S. Covernton and Jas. Lesslie were elected members. Dr. R. Lesslie was elected a corresponding member of the society.

Dr. Cameron exhibited some specimens from a case of enteritis.

Dr. Geo. Wright exhibited a foetus and appendages at about the 4th month.

A paper upon malignant disease was then read by Dr. Geo. Wright. The paper was based upon the writer's personal experience and observation. He did not consider that malignant disease was proportionally to the population on the increase. It was very fatal, but he hoped that the advance of science would succeed in stamping out the susceptibility to the disease. The signs at the outset were vague and indistinct, and often simulated other affections of a non-malignant nature—as renal calculus, or simple dyspepsia, or rheumatism. The disease might remain latent for a long time. Pain was not always a marked symptom. The cachectic appearance was distinctive, but appeared late in the disease. He was adverse to surgical procedures, and in the future looked for a specific for cancer, just as we had quinine in ague, and mercury in syphilis. He related interesting cases to support his views.

Dr. Graham related cases which had simulated renal calculus, as a diagnostic point he remarked that in renal calculus we had the severe pains, &c., for a long time without failure of the health, whereas in cancer there was a progressive decline along with the pain and other symptoms.

Dr. Oldright thought that cancer was a local manifestation of a constitutional taint called into action by some local irritant. He did not agree with the writer's opinion of surgical interference. He thought the difficulty was that we did not interfere soon enough.

Drs. Rosebrugh, Riddel and others also took part in the discussion.

Dr. Reeve exhibited a burr or drill for perforating the mastoid. He said that the mere fact of perforation often gave relief to pain although no pus was found.

Dr. O'dright mentioned a case of dislocation of the head of the fibula backwards.

The meeting then adjourned.

January 13th, 1881.

The Society met at 8 p.m. the President in the chair. The minutes were read and confirmed.

Dr. White presented a specimen which was considered to be a mucous polyp from the posterior nasal passage. It had been coughed up, without pain, hemorrhage, or any previous disturbance.

Dr. Rosebrugh then read a paper upon Electro-Therapeutics, which he illustrated with drawings and apparatus. He gave a short history and divided the subject into two great classes. General Faradization and Central Galvanization—the first tonic, the latter sedative—and finished by detailing the modes of application and the diseases in which the two forms were of benefit.

Dr. Graham related a case of a child with convulsions, in whom half an hour before death the axillary temperature was  $111\frac{1}{2}^{\circ}$  F.

After some miscellaneous business the meeting then adjourned.

January 27th, 1881.

Society met at 8.30 p.m. Dr. Geo. Wright in the chair. The minutes were read and confirmed. Dr. Osler was elected an honorary member of the Society.

Dr. Cameron related a case of Phlegmonous Enteritis, beginning with slight unsuspicious symptoms, terminating fatally on the 7th day. He also reported a case of hysterical labour at  $6\frac{1}{2}$  months. The intestines were matted together in front of the uterus.

A third case he detailed at some length submitting a thermometrical record for 30 days. The case was a difficult labour with placenta prævia. After a few days of satisfactory progress rigors and high temperature appeared, which continued to rise and fall very irregularly, chills occurring occasionally; there was some cystitis. Cellulitis was diagnosed by exclusion as the symptoms were not clear.

Dr. Macdonald reported a case of hepatic abscess which was discharging through the bowel, the discharge was intermittent, and accompanied by attacks of severe diarrhoea.

After some miscellaneous business the meeting then adjourned.

February 10th, 1881.

The Society met at 8.30 the President Dr. Covernton in the chair. The minutes of the last meeting were read and confirmed.

Dr. James Ross, Jr., was nominated to become a member of the Society.

Dr. Riddel exhibited a uterine polyp discharged with some flooding after five days exhibition of ergot.

Dr. Geo. Wright mentioned a case of rupture of the diaphragm, allowing the right lobe of the liver to be pushed into the thoracic cavity—there was no history—the case was met with in the dissecting room.

#### CATARAQUI MEDICAL SOCIETY.

Friday, January 7th, 1881.

Jno. R. Dickson, M.D., F. R. C. S., Ed., President, in the chair.

The following members were present:—Drs. Day, Dickson, Dupuis, Henderson, Kennedy, Metcalfe, Middleton, McCammon, Phelan, Saunders, Sparks, and Sullivan.

“PAIN IN THE SIDE.”—Dr. Phelan read a paper upon this very frequent symptom which often warns us of incipient phthisis and other grave organic lesions. He mentioned a case where a lady had been examined by him for “pain in the side” at 10 p.m., and although a physical exploration of the chest could not explain the cause, she died before morning from hæmoptysis. It is a common source of complaint in coal-heavers and grain-shovellers from excessive use of the pectoral muscles, and a few days rest generally effects a cure. In asthmatic patients it frequently arose from strain upon the diaphragm, and he had found a hypodermic injection of morphia give prompt relief by resting the muscle in question. The old pleuritic adhesions are a frequent cause of this symptom. When on the left side it is often due to disease of the spleen, and morbid conditions of the blood may be detected by the microscope in many cases. In hysterical females it is very common, and a placebo of chalk will in these cases at times remove the pain as speedily as a morphia powder. In conclusion he mentioned the case of Paul Broca, who, although dying from a thoracic aneurism, complained only of a “pain in the side.”

“SARCOMATOUS TUMOR IN HEAD OF TIBIA—AMPUTATION—RECOVERY.”—Dr. T. R. Dupuis showed a tumor involving the head of the tibia in a man æt. 65 years. The tumor was apparently of endosteal origin and had destroyed the head of the bone and projected between the fibula and tibia. The articular surface was not involved. The leg and foot were swollen and œdematous with prominent veins.

Some enlarged glands were felt in the groin. It was of two months duration and caused great pain. After amputation the patient made a good recovery, and although over three months had elapsed, the disease shewed no signs of returning.

A microscopical specimen of the tumor prepared by Dr. Henderson was also exhibited, shewing it to be a spindle-celled sarcoma through which were scattered numerous round cells. There were no “giant cells.”

Dr. Dupuis also exhibited the shaft of a tumor which had been the site of a syphilitic node as large as the fist. The man had died in the Kingston Hospital during the summer of 1877 with nodes on the shafts of nearly all the long bones, both ilia, scapulæ, and bones of the cranium. It resembled a case of multiple exostosis, but the nodes seemed to avoid rather than prefer the neighbourhood of the joints.

“CHRONIC MANIA, BILIARY CALCULI AND CYSTIC DEGENERATION OF KIDNEYS.”—Dr. Metcalfe gave the details of an inmate of Rockwood Asylum, supposed to have died from diabetes insipidus. The patient was admitted in 1860, suffering from chronic mania. History of being a hard drinker and said to have had epilepsy, but no symptoms of this disorder appeared while in the asylum. In January, 1880, he complained of cramps in his stomach with retching and vomiting. Subsequently symptoms of diabetes insipidus shewed themselves, the patient passing a great deal of urine and drinking very large quantities of water. His appetite was increased and he had slight jaundice on two occasions. For two weeks previous to his death his stomach would not retain any food. The post-mortem appearances were briefly as follows: The left kidney was somewhat enlarged and converted into a sac from apparent degeneration. The right kidney was undergoing similar changes, but less advanced. The cysts and pelvis contained only serum. The intestines were dark colored and liver healthy. The gall-bladder was filled with gall-stones, 75 in number, each about the size of a pea, and angular with facets from pressure.

Dr. M. Sullivan said the case appeared to be one of diabetes, and asked if the urine had been tested for sugar or albumen, and if the patient was dropsical. At the next meeting of the society he would relate instances of similar kidney changes, occurring in advanced interstitial nephritis. Dr.



McCammon thought it remarkable that so much urine should be secreted while the kidneys were in such an advanced stage of degeneration with so much loss of substance.

The President remembered the patient very well. He had been in the habit of eating carrots and other raw vegetables, when placed within his reach, and to this cause the symptoms of biliary colic had probably been attributed. He did not know of similar changes being found in the kidneys of patients suffering from polyuria and polydipsia. In reply Dr. Metcalfe said, that the presence of gall stones had not been suspected, but they were accounted for by the cramps and vomiting supposed to have been due to indigestible food. The patient never had dropsy, and there was no albumen in the urine. The large amount of urine might be accounted for by the right kidney having the greater part of the secreting structure intact. He had never previously met with a case of diabetes with cystic degeneration of the kidneys, but "Roberts" mentioned finding kidneys in a similar condition.

Dr. Sullivan moved, seconded by Dr. McCammon that Dr. Dupuis and the Secretary be requested to draw up a suitable letter of condolence to the widow of the late Dr. J. K. Oliver.—Carried.

The meeting then adjourned until the first Friday in February.

WM. H. HENDERSON,  
*Secretary.*

#### MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of the Board was held in Lansing, on the 11th of January, 1881. The following members were present: R. C. Kedzie, M.D., President; Hon. Le Roy Parker; Rev. D. C. Jacokes, D.D.; John H. Kellogg, M.D., and Henry B. Baker, M.D., Secretary.

Rev. Dr. Jacokes, Committee on Ventilation, reported some experiments which showed that through registers of equal size, one at the top and the other at the bottom of the room, the velocity of the upper current of air outward was greater than at the lower register. When the ventilation was from the bottom only, the temperature of the room was higher than when the ventilation was from both top and bottom registers. These experiments, he claimed, demonstrated that ventilation should be from the bottom in this climate in winter. Dr. Kedzie reported the following experiment, which seems to show the same fact: He took a glass tube, 30 inches long, having a thermometer in the lower end. When the tube was

closed, and the upper end heated to 75°F., the thermometer rose but one degree in an hour; the lower end of the tube being opened and air being drawn from it through the tube, the same heat being applied at the upper end, raised the thermometer below over 100° in one minute.

Dr. Kedzie stated that in conversation with the newly-elected governor, he had seemed to appreciate the work done by this Board, and, in his message to the Legislature, had recommended an additional appropriation of \$2,000 for the uses of the Board.

Mr. Parker, Committee on Legislation in the interests of Public Health, reported progress in the careful study of the laws relating to punishment for carelessness causing accidents, such as the falling of the "grand stand" at Adrian, and said in his opinion the laws are stringent enough, but the sentiment of the people does not hold a man guilty of murder through an act of negligence. There was no law, however, requiring expert inspection of public buildings constructed or in course of construction. Mr. Parker also reported on a proposed system of inspection of steamboats and other sailing vessels on our many inland lakes and streams at summer resorts, etc. He had prepared a bill providing for such State inspection, and he was requested to take measures to have the bill presented to the Legislature.

The Secretary's quarterly report of work, mentioned the preparation of diagrams and other labor in preparing and printing the report of the Board for 1880, and similar work, on two volumes of vital statistics; the distribution of documents published by the Board, and of blanks for return reports; and preparations for the sanitary conventions to be held, under the auspices of the Board; 553 communications have been written during the quarter.

The Secretary reported that he had collected samples of sugars and syrups from the leading dealers in the city, and had received from Prof. S. P. Sharples, of Boston, the result of his analyses, which showed that the sugars were mostly not adulterated, and but two out of ten of the syrups. It is due to the dealers to state, that those found to be adulterated were so sold by them, namely, as "corn sugar" syrups, "glucose" syrups, etc.

Dr. Kedzie mentioned a horrible superstition prevalent in Russia, regarding diphtheria, under

which a wafer is put into the mouth of a child suffering with the disease, and then into the mouth of a well child, with the idea that it is a protection against the disease. As it is a communicable disease, it would be difficult to devise a more certain mode of spreading it.

A sample of apple jelly was sent to the Secretary, with the statement that eating of the jelly had caused the sickness of a large family. Dr. Kedzie had analyzed it and found three grains of sulphate of zinc to each ounce of the jelly. It was probably in the form of malate of zinc, formed by the action of the acid of the fruit on the galvanized iron vessel in which it was boiled. If this was the fact, it illustrated the danger of using such vessels for such purposes.

Dr. Kedzie reported an examination of peaches affected with the yellows. They were of fine appearance, rather red, especially about the pit. The meat was watery and decomposed rapidly. Chemical analysis showed excess of water and deficiency of sugar and jelly-forming material. He read letters from some who thought eating the peaches was not injurious to the health, and from others who stated the facts of sickness in repeated instances, after the eating of such peaches.

Dr. Baker made a report as special committee to study the relations between the prevalence of "hog cholera" and the public health. His report included a statement of his trip to the south-western part of the State where the disease prevailed, and numerous letters from farmers, physicians, and veterinarians; among the latter, Prof. Law, Prof. Klebs, and Drs. Detniers and Salmon. A letter from Dr. Jerome, of Saginaw, stated that he saw hogs suffering with the disease, which were unable to go up the inclined plane at the slaughter-houses in Chicago. They were killed and made into lard, and stamped with a fancy brand. In this same connection, Dr. Baker spoke of lard which had caused severe sickness in a family in Lansing. A sample had been microscopically examined by Dr. Detniers, of Chicago, who sent drawings of the organisms he found in it, stating that they were the same as he had found to be the contagious principle in "hog cholera," sometimes called "swine plague." He also read a letter from Dr. Marshall, of Lansing, which stated that he had examined a sample of the lard in which the "fried-cakes" (eating of which caused the sickness) were

cooked, and had found the same organisms present. Dr. Baker also read a part of a letter from Prof. Klebs, of Prague, Austria, relating to the same subject. Prof. Klebs has made a special study of such subjects, and claims to have found the organism which is the specific cause of typhoid fever. He does not think hog cholera to be the same as typhoid fever, but would like material with which he could carry on a comparative study.

A vote of thanks was extended to those citizens who had labored so hard to make the Sanitary Convention at Flint a success. The Convention will be held in January 25th and 26th, 1881.

Dr. Baker stated that contagious diseases prevail most where it was noticeable that the local authorities paid little or no attention to the laws requiring the appointment of a health officer, and communication with this Board.

The Board adjourned to meet at Flint, January 25th, 1881.

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### *Selected Articles.*

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#### THE TREATMENT OF ENTERIC FEVER.

BY JOHN S. BRISTOWE, M.D., F.R.C.P., LONDON.

MEDICINE.—Enteric fever is one of the many diseases for which as yet no specific is known, and for which I am inclined to think no specific will ever be discovered. It was maintained even a few years ago, that an emetic given early in its course would frequently arrest its progress, and my late colleague, Dr. Brinton, was a believer in this reputed effect of emetics. It has also been held that the diarrhea is salutary and eliminative, and that by promoting or encouraging it, the disease may be shortened or rendered less severe. These views were based on an imperfect appreciation of the nature of the disease; on the belief either that the intestinal affection is primary, and to be got rid of, like lice externally, or intestinal worms within, by local remedies; or that the intestinal mucous membrane is an organ by means of which the specific poison of the disease is endeavouring to escape. But even though the contagion of enteric fever be received into the stomach, it has long passed thence into the system before the symptoms of the disease arise; and obviously, at this time, whatever opportunity for the successful use of emetics might theoretically have been present at the beginning has long passed away. And to look on the diarrhea which is due to the enteric lesions as eliminative, is to look upon these lesions as centres of elimination, and is equivalent



to regarding the eruptions of the eruptive fever, which are mere foci for the growth of poison, as organs developed for the discharge of poison pre-existing in the blood—a view which is manifestly absurd when applied to the pustules of smallpox, or the tubercles of syphilis. But, if we cannot cure enteric fever or eliminate its specific poison from the system, we can at any rate treat, and in most cases relieve, some of its most distressing symptoms or complications.

*Diarrhea* is one of the most characteristic, and often one of the most troublesome and dangerous symptoms of the disease. It is often absent, however, for days together; and occasionally is replaced by constipation during the whole course of the disease. Many physicians, and some even of our most distinguished contemporaries, would encourage by laxatives the diarrhea, if not carried to excess; and would endeavour to excite it in cases attended with constipation. The practice is based on the opinion already referred to, that the poison tends to escape by the bowels, and on that that the retention of poisonous and putrefactive matters in the bowels is a source of danger. From the former of these views I have already expressed my reasons for dissenting. As to the latter, I can only say that the motions are not, I believe, specially offensive, or, except in a specific sense, poisonous; and that the bowels, after all, naturally contain ordure. But on the other hand, persistent diarrhea tends materially to weaken the patient; the commotion which attends it is a source of direct danger to the diseased bowels; and, further, diarrhea, once brought on artificially, is very often difficult to be restrained. I have no doubt myself that, although two, or even three evacuations in the day may not call for measures of restraint, diarrhea, if it should exceed this amount as a rule, ought to be checked. Of all medicines opium, in its various preparations, is the most valuable for this purpose. It may be given by the mouth in frequent small doses, or by the rectum in the form of small enema or suppository. The dose and frequency of administration must of course depend on the amount of diarrhea present, and on the age and condition of the patient. Other remedies, which may be employed either alone or in aid, are the vegetable astringents, especially kino, catechu, and tannic acid, sulphuric acid and lead. It is important to bear in mind that the danger of diarrhea depends not only on the actual profuse discharge of fecal matter, but on the peristaltic movements which accompany it, and which tend to cause rupture of thin-based ulcers. Now, this peristaltic movement may be present in the ileum, even when constipation prevails; for the large intestine, from being healthy or torpid, may fail to propel onward the matters which are being constantly poured into it from the small intestine; that is, diarrhea, so to speak, may be taking place from the small intestine

into the large at a time when actual constipation exists. It is clear, therefore, that opium may be demanded to restrain the painful or violent movement of the bowels, even when the bowels are constipated.

*Constipation*, nevertheless, has at times to be dealt with. Is it right that constipation, when present, should be allowed to continue until nature brings relief, or should it be obviated by medicinal treatment? I do not think that constipation of a few days' duration is at all likely to be injurious; and, indeed, I have seen it continue for a considerable length of time without causing any ill effects. It is not, however, desirable in itself that the bowels should be locked up; and, moreover, constipation long continued is apt to induce diarrhea. Whether we should do anything, however, and what we should do, depends largely upon the condition of the patient and on the stage of his disease. There can be no doubt that during the first week or ten days—that is, before ulceration has commenced—laxatives, such as castor oil and rhubarb, may be given with impunity, and often with benefit. But after ulceration has begun, and thence onwards until convalescence is far advanced, even the mildest opening medicines must be looked on with suspicion; and, although I would not venture to maintain that under no circumstances should castor oil or rhubarb be given during this period, I am sure that on the whole it is better and far safer to relieve the overloaded bowels by mild enemata. In support of this statement I may remind you that constipation is almost due, not to sluggishness of the small intestine but to sluggishness of the large intestine, in which the feces accumulate and harden.

*Hemorrhage* from the bowels may occur early in the disease, and is then in small quantity and of no importance. When, however, it takes place from the ulcerated surfaces, and after the second week, it is a matter of serious alarm. It is true that the patient usually recovers, even though it be copious, and that very often it does not recur. But in some cases the blood escapes with sudden impetuosity, and the patient dies rapidly in a state of collapse; and in some the hemorrhage is so frequently repeated that the patient, who may seem doing well for a short time, finally sinks. I am inclined to think, with Sir W. Gull, that this bleeding is practically beyond our control; and that the patients in whom our remedies seem to be efficacious are those in whom the hemorrhage would not have recurred, even if no treatment had been adopted. It is not by applying weak astringent solutions to external bleeding wounds that hemorrhage therefrom is restrained; and few, I should think, would have any faith in the possibility of arresting such hemorrhage by the internal administration of astringents. Nevertheless, feeling it to be my duty to do everything in a dan-

gerous crisis which might tend, however little to benefit my patient, I should certainly under such circumstances give him ice-cold fluid to drink, apply cold compresses to the abdomen, and administer either lead, or tanic acid, or digitalis, or ergot, or turpentine, or perchloride of iron.

*Perforation of the bowel and consequent peritonitis* are almost invariably fatal; the only treatment, in addition to local applications to the abdomen, consists in bringing the patient speedily, and in keeping him, under the influence of opium.

*High temperature* (a subject to which I shall presently recur) is, no doubt, in itself an element of danger; and for this reason its reduction seems desirable. Various medicines have been employed with this object; the most important and efficacious of which are quinine and salicylic acid. In order that quinine shall reduce temperature it requires to be given in large doses—thirty or forty grains at once, or in instalments at short intervals. Thus administered, it reduces the temperature by three or four degrees in the course of a few hours, and the temperature may remain low for a dozen hours or more. Salicylate of soda may be given in doses of twenty or thirty grains every four hours, and also causes marked reduction of temperature. But in both cases the reduction is of temporary duration only, and the drug requires to be continued. I have not employed either of these remedies largely in the treatment of enteric fever; and I must confess that my own experience of their use has not impressed me favourably. Of the treatment of other complications I do not propose to speak; and it only remains for me to add, under the head of treatment, that, during convalescence, tonics, and especially the vegetable bitters, are of great value.

ALCOHOL.—It is impossible to discuss the subject of the treatment of fevers without referring to the question of the use of alcohol in relation to them. In the early part of this century, when blood-letting was the fashion of the day, stimulants were seldom employed in the treatment of febrile disorders. Of late years, however, alcohol has not only been regarded by most physicians as an essential element in the treatment of fevers, but by many has been esteemed our sheet-anchor, and has been used sometimes in appalling quantities. The reason, however, for giving it thus was not simply to obtain its stimulating effect, but the belief that it was an article of food, and that it was assimilated by the patient at a time when other kinds of food could not be taken or were inadmissible. I see no reason to doubt that alcohol is a food; at any rate it contains the same elements as starch and sugar, which are undoubted foods; and the experiments of Thudichum and Dupré show that when once taken into the system it is used up in the system, and escapes in very minute proportion through the emunctories. But we have,

doubtless, many foods that are more valuable as foods than alcohol; and in milk, at any rate, we have one which is generally more suited for invalids. It is rarely necessary, therefore, to have recourse to alcohol as food; and its use in fevers mainly depends on its primary or stimulating—its medicinal—influence. I have never used alcohol indiscriminately in any kind of fever cases; and, indeed, ever since I have had the care of patients in St. Thomas's Hospital I have been very sparing in my use of it. In the year 1863, when typhus was prevalent in London, I carried out an experiment which I have never published, and which Dr. Murchison carried out independently on a larger scale a few years later at the Fever Hospital, with similar results to those which I also had obtained. I treated, without selecting them, half of my typhus patients with alcohol from the beginning to the end, half of my typhus patients without alcohol also from the beginning to the end, and found no appreciable difference in the results. From that time I have never regarded alcohol as an essential item in the treatment of either typhus or enteric fever; and I have seldom given it, unless special circumstances in the case indicated to my mind the need of stimulation. Many typhoid cases, and even severe cases have recovered under my care without having tasted a drop of alcohol. Many no doubt have had it; but the circumstances under which I have given it have been: The presence of extreme debility, indicated by a feeble heart and rapid pulse; the supervention of typhoid symptoms; the occurrence of pulmonary complications, and the debility of prolonged convalescence. My friend, Dr. Ord, in an interesting paper on Enteric Fever, in the eighth volume of the St. Thomas's Hospital Reports, based upon sixty cases (of which twenty-four were my own) received into the hospital from the end of July, 1877, to the end of March, 1878, observes that "twenty-four patients received no stimulants at all; six only a small quantity during convalescence; eight not any till after the tenth day of admission; twenty-two received them within the first ten days of stay in the hospital, or while the fever was in activity; but very few indeed received them till after the end of the first week of illness." "The quantity of stimulants varied from a glass of wine or a glass of beer up to sixteen ounces of wine daily in one case, and eight ounces of brandy in another." Of these cases eight were fatal, the mortality being at the rate of 13.33 per cent. The remarks above made, while they tend on the one hand to show that alcohol is less valuable than many persons suppose in the treatment of fever, tend on the other hand to demonstrate that alcohol is not injurious in fevers. Indeed, I never recollect to have seen a case in which, even under physicians who have used it largely, alcohol has clearly acted injuriously. My main reason for withhold-



ing it has not been the fear of doing mischief, but simply because I have not thought it necessary; and, not finding it necessary, I have allowed economical considerations to weigh with me. I am satisfied that there are many occasions in enteric fever when alcoholic stimulants are of the greatest value; and that whoever then neglects to have recourse to them imperils his patient's life.

**BATHS.**—It is admitted that, in all fevers attended with high temperature, the high temperature, though merely a consequence of the active disintegration that is going on in the system, is itself injurious by promoting disintegration and in other ways. There are theoretical grounds, therefore, in favour of reducing temperature in enteric fever. With this object the patient may be kept in a cool and well-ventilated room, may be covered only lightly with bedclothes, and may have his food given to him cool or cold; and there is no doubt that these measures, which are generally adopted, are judicious; but they are quite insufficient of themselves to cause any obvious refrigeration of the body. I have already referred to the employment of quinine and salicylate of soda, and to the powerful influence they usually possess, when duly administered, in reducing temperature. The most powerful agent, however, in this respect is the cold bath. I need not here go into the history of its introduction. It is sufficient to state that for many years past it has been very largely employed abroad, especially in Germany, in the treatment of enteric fever; and that lately it has been extensively adopted among us by some of those physicians who are connected with fever-hospitals. I have already referred to the admirable Croonian Lectures on Typhoid Fever by Dr. Cayley. In the last of them he discusses with equal learning, knowledge and skill, the use of the cold bath in this disease. He quotes statistics from foreign writers, which go to show that the mortality from enteric fever has been reduced by one half among those who have been treated systematically by cold bathing; and he shows that, in his own hands, this mode of treatment has appeared to be almost equally successful. He argues forcibly that, by keeping the temperature systematically depressed from an early period of the disease, the intestinal lesions and other morbid processes which are going on in the body concurrently with them, and which collectively bring on asthenia, impede recovery, and hasten death, are kept under; and that dangerous complications are hence less likely to ensue. He admits, however, that relapses appear to follow this kind of treatment in much larger proportion than they follow other plans of treatment; and he concludes another powerful argument by urging that the treatment by cold bathing should at any rate receive a fair trial. I am sure that my opinion or advice of Dr. Cayley's will be received with respect by all who know him, and by all who read what

he writes; and I should be sorry if a course of treatment which has his sanction be not fully tried in this country by those who have the opportunity of trying it. I confess for myself, however, that I am very much in the same frame of mind as he acknowledges himself to have been in a little while ago, and not yet fully satisfied of the great advantages of cold bathing. I am not absolutely convinced by his arguments that the lesions attending enteric fever are kept in abeyance by reducing temperature. I know that, under the influence of the bath delirium disappears, and the patient's condition seems to improve for a time; but I recollect how exactly the same kind of thing used to occur in cholera patients in whom injection of fluid was made into the veins; and how that practice, once much vaunted, has practically been abandoned. And I must acknowledge that, without being able to explain them away, the statistics, honest though they doubtless are, do not satisfy me. The result, in fact, seems too good to be true. If the mortality of a disease be diminished one-half by a particular kind of treatment, the benefit resulting from that treatment ought to be apparent to the most casual observer; it ought, like the effect of salicylate of soda on rheumatism, or of quinine on ague, to be utterly beyond dispute. And yet Dr. Cayley speaks with great caution of his own results. The results which I have witnessed in my own practice have not—at any rate, in my opinion—been favourable. I admit that I have not resorted to the systematic use of the cold bath at all extensively, and that during the last year or two I have scarcely employed it at all; but, two or three years ago, those of my hospital patients whose temperature ran high were submitted to this plan of treatment. Some of the patients did well, and I was inclined to attribute the improvement which followed the baths to the baths; but two cases occurred in rapid succession in which I thought, perhaps erroneously, that the baths were instrumental in causing death.

The first case was that of a young man who had the disease severely, and a very high temperature; the baths were systematically employed, with the usual immediate effects; but suddenly, after they had been continued for some days, he passed into a state of collapse, with rapid breathing and great duskiness of face, and I assumed, notwithstanding that there was no abdominal pain, that perforation of the bowel had taken place. He lived for two or three days more, and at the post mortem examination I found that, though there was extensive bowel-disease, there was neither perforation nor peritonitis, but the lungs were in a condition in which I never recollected to have seen them before in enteric fever. They were small, collapsed, almost devoid of air, and of a deep slate colour. There was no pneumonia nor œdema. I attributed his collapse and his death to the condition of his

lungs, and I could not avoid attributing the condition of his lungs to the use of the baths. The other case was also that of a young man; and although he was very ill and had a high temperature, I demurred, after my recent experience, to treat him with baths. Nevertheless, I left it to the resident assistant physician to employ them if, in my absence, circumstances arose to make him think it desirable. The boy died, and at the post mortem examination his lungs were found in precisely the same condition as those in the previous case. Believing that the patient had not had baths, I observed, half-jokingly to the resident physician, who was present, that if only baths had been employed I should certainly have attributed his death to them. His answer was that they had been employed.

There are two ways of cooling patients by baths: The one is by means of what is sometimes termed the graduated bath, the other the cold bath. In the former case, the patient is immersed in water, the temperature of which varies from  $90^{\circ}$  to  $100^{\circ}$ , and is reduced gradually while he is in the bath, to  $65^{\circ}$  or  $70^{\circ}$ ; in the latter case he is at once plunged into a bath, the temperature of which from the beginning is made to stand at  $65^{\circ}$  or  $70^{\circ}$ . In either case the patient should remain immersed for a time varying between ten minutes and half an hour, or until he feels cold and shivers and his temperature has been reduced by two or three degrees. It is important to recollect that the temperature continues to fall for some little time after removal from the bath. The bathing should be repeated whenever the temperature has again risen, and in many cases needs to be repeated as often as every three hours. The graduated bath is that which alone we have employed at St. Thomas's; but it is much more troublesome of application than the other, and it takes a longer time to reduce the bodily temperature. It is a less severe remedy, however, and may be preferably employed, as Dr. Cayley suggests, for old people and patients who are extremely prostrate, and for those who have organic disease of the heart or lungs. The cold bath is preferred as a general rule, by foreign physicians, and by Dr. Cayley. Those who employ the baths habitually, commence its use in any case of enteric fever as soon as the temperature in the mouth or rectum has attained an elevation of  $102.2^{\circ}$ , and then carry on the treatment systematically as long as febrile temperature is maintained.

In conclusion, gentlemen, let me state briefly the treatment to which I should like to be subjected if ever, unfortunately, I should become affected with enteric fever. I should like to be placed in a cool, well-ventilated room, and covered lightly with bedclothes; to have a skilful and attentive nurse to look after me; to be fed solely with cold milk, unless vomiting should demand the addition to the milk of medicine calculated to allay vomit-

ing. If diarrhea became troublesome, or ever there was much pain or tenderness in the cæcal rings and in the bowels, I should like to be treated, not with laxatives, but with opium, given either by the mouth or by the rectum. If constipation were present I should, excepting the first week, like to have enemata only employed for its relief. In the event of intestinal hemorrhage coming on I should like to have ice to suck or ice-cold fluids to drink, cold compresses to the belly, and cold injections into the bowels; and, though I am skeptical as to their efficacy, I should still choose to have astringents, and more especially lead, given to me at short intervals. If perforation should take place let me take large and repeated doses of opium. Stimulants I should prefer to be without early in the disease; later, however, and during convalescence I should like to have them in moderation. As to the cold baths, I would rather not have them; but I would, nevertheless, leave it to my physician to exercise his discretion in the matter. I would leave it also for him to decide, according to circumstances, whether alcohol should be administered to me in large quantities. I would prefer to be treated at a temperance hospital.—*Brit. Med. Journal.*

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#### CÆSAREAN SECTION WITH REMOVAL OF UTERUS AND OVARIES, SUCCESSFULLY PERFORMED AFTER THE PORRO-MULLER METHOD.

Dr. Elliott Richardson, of Philadelphia, reports (*Amer. Jour. Med. Sci.*, January 1881, p. 36) *Med. Times*, the following case, which is of great interest as being the first operation of the kind performed by an English speaking surgeon. The patient was a dwarf, twenty-five years of age, forty-six inches in height, and weighing eighty-five pounds. It was thought best to select a time for the operation about two weeks anterior to the supposed period for labour to begin, in order to permit ample preparation and to avoid the exhaustion incident to labour. It was thought, too, that the presence of a well-defined cervix would make easier the application of the retaining ligature at the time of operation. Dr. Richardson avoided giving the preliminary purgative customary in such cases, believing that the disturbed condition of the bowels, or, if opium were subsequently given, the meteorism which would result, would be unfavourable.

The operation which was performed on the 22nd of September, 1880, was begun by an incision in the median line of the abdomen, extending from a point about one and a half inches above the symphysis pubis to a point about four inches above the umbilicus. The incision was about ten inches in length, and was made so exactly in the



median line of the abdomen that not more than a teaspoonful of blood was lost from this part of the operation. No hæmostatic was used, and no ligature had to be applied. The abdominal cavity being opened, the uterus could be seen and was drawn out, the abdominal walls being closed immediately and a piece of carbolized flannel wrapped around the base of the uterus. The loop of an ecraseur being thrown over the uterus, was tightened at a point a little below the os internum. The uterus was then rapidly opened, the placenta being found directly on the anterior wall, the incision going through it. It was detached, and it and the entire ovum were turned around within the uterine cavity, the membranes ruptured, and the child extracted, followed by the entire removal of the after-birth. Two stout steel pins, about five inches in length and the size of a No. 8 French bougie, were then introduced through the cervix, one passing below, the other above the wire of the ecraseur, and diagonally to the line of the abdominal wound. A piece of stout silk cord, previously soaked in carbolized oil, was tied tightly around the cervix between the two pins, exactly in the line of the temporary wire loop, which latter was removed as soon as the permanent ligature was applied, but before it was finally fastened. The silk ligature was wrapped twice around the cervix, and then tied.

The uterus and ovaries were now cut off with scissors at a point about three-quarters of an inch above the ligature, and the stump placed at the lower angle of the abdominal wound. Careful sponging of the cul-de-sac of Douglas with carbolized sponges removed a very small quantity of bloody serum. The abdominal wound was then closed by twelve interrupted silver sutures, four superficial and the remainder deep, enclosing about half an inch of the peritoneum on each side. During the introduction of the deep stitches a flat sponge was placed in the abdominal cavity beneath the flaps to catch and absorb any drops of blood which might escape from the wounds made by the needle.

The wound being closed and the stitches supported by long strips of adhesive plaster, pure liquid carbolic acid was applied carefully to every part of the stump outside of the ligature, plates of lead placed under the pins to prevent undue pressure, and Lister's carbolized gauze applied to the whole extent of the wound and to the exposed stump. This was completely covered with carbolized Mackintosh, and the whole kept in place by a flannel binder. No drainage-tube was introduced. The patient was immediately placed in bed, and a hypodermic injection of a quarter of a grain of sulphate of morphia administered. The operation alone occupied forty-five minutes; including anaesthetization and dressing, the entire duration was an hour and a quarter. Lister's antiseptic method was fully carried out.

The history of the case after operation was most satisfactory. For the first ten days the patient's temperature only once rose to  $100.4^{\circ}$ . On the eleventh day a mild attack of phlegmasia dolens supervened, and the temperature for the three nights succeeding reached  $100.6^{\circ}$ ; convalescence then went on without further interruption. The abdominal wound united by the first intention. The pedicle came away on the eleventh day. The function of the bladder was not at all interfered with. The infant, a vigorous male of five and a half pounds weight, is at present living, and well, as also is the mother, three months after operation. Dr. Richardson says, with regard to the effects of the operation, "I have rarely seen less discomfort in a lying-in woman after normal labour."

The advantage of the Muller modification of Porro's method is that it is clean, safe, and easy to perform; not a drop of blood need enter the abdominal cavity. Dr. Richardson attributes his success to the fact that a time was fixed before the period of labour when his eight assistants could be summoned without haste and with due preparation, including the avoidance of contact with contagious disease for two days previous, also to the careful attention to minute details, antiseptic precautions, etc.

#### RESPIRATION WITH PAUSES.

Dr. Wm. O'Neill writes to the *Lancet*, October 30th, giving some cases simulating the Cheyne-Stokes respiration. He adds:—

What I wish more especially to say is, that the respiratory pause may be well marked, although the ascending and descending breathing acts may be more or less deficient, or even absent. Whether or not all those kinds of abnormal respiration which have a pause for their central phenomenon or symptom should be included under the category of Cheyne-Stokes respiration I am not prepared to say.

A lady who has suffered for several years from chronic bronchitis, emphysema of the lungs, great irregularity of the pulse, and hypertrophy, with dilatation of the right side of the heart, was attacked with an acute exacerbation of the chronic pulmonary affection in December of the past year. (Edema of the ankles, which was generally present, rapidly increased, and in a few days the dropsy extended to the waist. After this the patient was unable to lie down, and, although very drowsy, she was afraid to go to sleep, for the moment she closed her eyes in sleep the breathing stopped, and was only renewed on her waking, which was generally after an interval of from twenty to thirty seconds. The apnoeal state, followed by a succession of inspirations, gradually increasing in force, and ending in the ordinary dyspnoea of the patient,

were the phenomena present in this case. The ascending series of inspirations were present, but the descending were absent. It would appear that the moment the watchful and controlling care of the will was withdrawn from the respiration by sleep the breathing stopped, from some cause or other acting on the medulla oblongata, and which had been kept in abeyance during the patient's waking moments; and respiration was, I think, only renewed by the intensity of the stimulus of the *besoin de respirer*, which roused her to the urgent necessity of breathing. The immediate cause of the pauses was temporary, for as soon as the chest symptoms began to improve and the dropsy to subside, so did the pauses begin to pass away.

A case almost similar to the preceding came under my care in 1878. The pauses were perhaps longer and the series of inspirations more distressing. So frightened was this man at the stopping of his breathing, that for a few days before his death he kept his wife by his bedside in order to prevent him falling asleep.

### ON COLOTOMY.

Mr. Heath (*Brit. Med. Journal*, Jan. 1, '81,) says that no operation has probably undergone greater change of estimation of late years than colotomy. Confined originally to cases of obstructive disease of the sigmoid flexure or rectum, recourse was had to it only as a last resource, and when the patient was *in extremis*. I have, on several occasions, been called upon to operate under these circumstances, and the result has too often been disappointing. Not only is the risk of death from exhaustion very great, but there is also the great liability for the bowel to give way before, or soon after, the operation, either just above the stricture or at the cæcum, which latter seems to be especially liable to perforation by ulcer when much overdistended. At the same time, I have seen so many recoveries, with considerable prolongation of life, after colotomy, in apparently desperate circumstances, that I should not feel justified in refusing to operate, unless the symptoms pointed distinctly to perforation, and consequent peritonitis. Death from overdistension of the bowels is one of the most painful and distressing terminations of life we can have to witness; and, to obviate this alone, colotomy will be justifiable, even under circumstances of the greatest gravity.

But it is as a means of relieving the suffering caused by cancer of the rectum, or incurable ulceration, or recto-vesical fistula, and of thus prolonging life in comparative comfort, that the operation of colotomy has been proved so advantageous. Six months, twelve months, or more, may thus be added to the life of a patient suffering from cancer; and one patient of mine survived the operation two

years and nine months in great comfort, although latterly the disease had encroached upon and perforated the vagina—a complication most offensive under ordinary conditions. To show how little a lumbar colotomy interferes with the health or comfort of a patient, I may mention that, in January 1872, I performed colotomy on a lady (a patient of Dr. Grigg), who was suffering constant torture from a recto-vesical fistula, following and connected with a pelvic abscess. She is perfectly well at the present time; has no pain or trouble; and is able to attend to her domestic and social duties without inconvenience. Another female patient, whose colon I opened, in 1873, for intractable syphilitic ulceration of the rectum, is living and well; but the rectum is completely closed by the cicatrization of the ulcers.

Recto-vesical fistula in the female must be very rare; but the distress caused by the escape of fæces into the bladder, and frequent blocking of the urethra, is very great. In the male, recto-vesical fistula is more common, both as the result of abscess and of cancerous perforation. The operation of colotomy could, of course, be of service only in the cases in which fæces passed into the bladder; for it could afford no relief to the irritation of the lower rectum, caused by the passage of urine into the bowel. In one case, however, of an old clergyman, with cancerous perforation, on whom I performed colotomy, with great relief to the escape of fæces, I found that, as the patient lay in bed, the urine flowed backwards to the opening in the colon, where it escaped, with little or no irritation compared to that excited in the sensitive sphincter ani.

It is remarkable how insidious the symptoms of cancer of the rectum are—so that patients complain of dyspepsia, diarrhoea, and vague uneasiness about the pelvis, for some time before their attention is specially directed to any alteration in the size of the motion, or any difficulty in defæcating. I know that one of our leading physicians, who very properly insists upon making a rectal examination, when the symptoms of dyspeptic diarrhoea cannot be otherwise explained, has, on several occasions, thus detected unsuspected cancer of the rectum; and it has happened to myself, in explaining the case of a patient suffering from early cancer of the rectum to her friend, to light up a suspicion of the presence of the same disease in the friend, which turned out to be only too true. Cancer may have attained very considerable proportions without producing the small fæces, which are erroneously thought to be characteristic of the disease; and the tendency to diarrhoea, which is so often present, prevents, for the most part, any just estimation of the calibre of the bowel.

Epithelioma not unfrequently invades the anal portion of the rectum, and, possibly, but one side of it; and such a case is, no doubt, well suited for



the removal of the lower end of the rectum—an operation which has of late been revived with some success. But when, as often happens, the cancer, whether scirrhus or the columnar epithelioma, involves the whole circumference of the bowel, as far as the finger can reach, with possibly a ring of cicatrization at the upper part; or, when the lower part of the rectum is quite healthy, and the finger comes upon a structure, so like the os and cervix uteri that one is almost doubtful of being in the bowel at all, then removal is quite impossible, and colotomy is the only operation available.

I do not, of course, mean that colotomy is desirable in every case of cancer: for the progress of some cases is slow; and much may be done to relieve pain and promote comfort by the use of morphia suppositories, or of starch and opium enema, and the careful selection of bland and unirritating food and drink.

As regards the operation itself, I would say that, though it often is extremely easy and simple, yet, in some cases, it is of the greatest difficulty. In a case of obstructive disease, the colon is often distended and easy to reach; but, again, when distension is great, the colon may be contracted, and the small intestines overlap it completely, and cause great difficulty; or the peritoneum, distended with air, may closely simulate the bowel. Again: the anatomical arrangement of the meso-colon may be such as to render it impossible to reach the bowel without opening the peritoneum. Should the peritoneum be opened, I believe the best mode of proceeding is to bring up the colon to the opening, and stitch it carefully before opening the bowel—so that the two peritoneal surfaces may be well in contact and rapidly adhere, when a good result may be anticipated. It is said, by a distinguished lithotomist of the day, that every case of lithotomy has its own peculiarities; and the same may, I think, fairly be said of colotomy. Although my experience of the operation is now not inconsiderable, I must confess to a feeling of relief when I have fairly opened the colon without misadventure.

In the after-treatment of cases of colotomy, some little care is required in washing out, periodically, the diseased piece of bowel below the artificial anus; for, if this be neglected, the mucous secretion collects, and is apt to irritate. It is undoubtedly the fact, though it is difficult to explain it, that fecal matter does occasionally find its way into the rectum, in some cases; but the bulk of the feces is, of course, discharged at the loin, and with great regularity, and singularly little discomfort. A simple bandage, with a pad of tow or wool, applied over the anus, is sufficient to prevent injurious friction of the part; but if, as sometimes happens, there be a tendency to prolapse of the mucous membrane, another air pad may be added.

LIS.—In those obstinate cases whose progress cannot be checked by the ordinary remedies, Dr. F. Arpal recommends the bichromate of potash (*La Union Medica de Aragon*, Nov. 1880). He begins this potent poison in doses of one centigram daily, in an opiate vehicle, cautiously increasing it to four centigrams daily. He has observed relaxation of the symptoms in four or five days, and a complete restoration to health follow. These were cases of undoubted and progressive syphilis, which were not benefited by mercurials or iodide of potash.

In discussing the theory of its action, he believed that it is through its powerfully oxydizing agency that it alters the condition of the system. It is also a decided anti-zymotic, and may destroy the syphilitic fungus.—*Ibid.*

CASE OF VILLOUS GROWTH OF THE BLADDER—REMOVAL BY PERINEAL INCISION.—At a meeting of the Clinical Society of London, Mr. Davies-Colley reported a case of villous growth of the bladder, and its successful removal by perineal incision. The patient, a young man aged thirty-two years, had suffered from hæmaturia for eight years. When admitted into Guy's Hospital he was fairly nourished but very anæmic. His family history was good. There was a continual desire to micturate, and a feeling as if something always remained behind in the bladder. Blood was passed, sometimes at the beginning, sometimes at the end of micturition. No stone could be detected, and all efforts to find villous masses in the urine failed. No tumor could be felt per rectum. The operation for lateral lithotomy was then performed, and upon examination, a slight projection was discovered on the left side of the fundus, and a cord-like process running from it; to this was attached a soft pinkish white tuft of villi, which was removed with the forceps. No other growth could be felt. There was but little hemorrhage during the operation. The patient made a rapid recovery and in two weeks the urine ceased to flow from the perineum. Two months after the operation there had been no return of the hemorrhage; the irritability of the bladder had ceased, and he was in the enjoyment of perfect health. The tumor grew from the posterior wall of the bladder, at a point about three inches from its neck, and one inch to the left of the middle line. It consisted of a fibrous stalk one-sixth of an inch thick and two inches long, terminated by branching filaments from half an inch to three-quarters of an inch long. These filaments contained capillary loops, invested by many layers of epithelium of a cylindrical type.—*Med. Press and Circular*, December 15, 1880.

ALCOHOL IN PUERPERAL FEVER.—Dr. Whittaker (*Obstet. Gazette*,) *Detroit Lancet*, says that alcohol is the food of fever, which is in essence too

rapid oxidation. It was long ago noticed that it was almost impossible to develop the tonic effects of alcohol in individuals suffering from fever. He quotes a recent report of Reiss, showing that in man, as in the lower animals, alcohol in large doses diminishes the excretion of urea, common salt, the phosphates and sulphates, that is, it markedly checks the waste of tissue which in fever is excessive. He also quotes the experiment of Binz, who produced septic fever in two young, healthy dogs by the subcutaneous injection of ichorous pus. One was left to his fate and the other treated with alcohol, which was introduced in three doses of two drachms each of absolute alcohol, diluted with water, into an empty stomach by means of an œsophageal tube. The dog left to his fate was found dead on the second day, while the dog treated with alcohol experienced a marked reduction of temperature with each dose, and entirely recovered.

**OVARIOTOMY COMPLICATED WITH ENLARGED AND ADHERENT BLADDER.**—Dr. Thomas in N. Y. Obstet. Society (*N. Y. Med. Journal*,) related a case of ovariectomy in which, upon opening into the peritoneum, a large fleshy mass was found spread out over the front of the tumor and adherent to it. It proved to be the bladder (enlarged and drawn upward, very much as in the case reported by Dr. Noeggerath at a recent meeting (see the January number of the "*Journal*," p. 15)). Suspecting that this might be the case, Dr. Thomas attempted to test the question by introducing a catheter, but, on account of the pressure of the tumor, the instrument could not be passed beyond the symphysis pubis. So strong, however, was his conviction that the mass was really the bladder, that, finding it impossible otherwise to separate it from the tumor, he deliberately cut into it at a point two or three inches above the symphysis. Having passed a finger through the incision, he was able to recognize the inner surface of the bladder, to inform himself of the limits of the organ, and, using the finger as a guide, to break down the adhesions without further injury to the bladder. It reached to about midway between the umbilicus and the ensiform cartilage. In the course of the operation it was brought wholly outside the abdomen. In closing the abdominal wound, some of the sutures were made to include the wall of the bladder, so that there would be no flow of urine through the vesical incision. The patient was now doing well, and a minute opening at about the middle of the abdominal wound, through which a little urine escaped on the fourteenth day, would doubtless close. At Dr. Thomas's request, Dr. Garrigues had searched the literature of ovariectomy for similar cases, and had found six, all of which had ended fatally.

**TREATMENT OF OTORRHOEA.**—The following

plan is employed by Dr. H. Gradle (*Chicago Medical Review*). The applications should be made by the physician himself. If there is any fetor in the discharges, the ear is cleansed and a five per cent. solution of carbolic acid, warmed, injected. The meatus is then plugged with borated cotton. Next day the fetor has generally disappeared, and the discharge is thinner and less copious. The well disinfected ear is then dried with absorbent cotton and powdered boracic acid is poured in through the speculum while the head is inclined on the other side, until the meatus is half filled. The ear is then plugged with clean cotton. The powder absorbs all discharge and keeps it from decomposing. The application may not have to be renewed for three or even eight days. A lessening and finally a stoppage of the discharge occur rapidly in most cases. In some cases where the boracic acid did not act promptly, iodoform was an efficient substitute.

**SPINA BIFIDA.**—There is a growing evidence in favor of the method of treating this affection, brought into notice by Dr. Morton, of Glasgow, (1877,) or, as we think is more correct, by Dr. Brainard, of Chicago, (1848). A case is recorded in the *Edinburgh Journal* of October, by Dr. J. M'Watt :—The tumor was situated over the second and third cervical vertebræ, and was fluctuating. It had a broad base, and had greatly enlarged since birth, and was now about the size of a small orange. It increased in tension on crying. The skin over it was thin-looking and livid. March 14, a small amount of clear fluid was drawn off, and two days after this, enough of the contents being removed by a canula to render the tumor flaccid, 20 minims of Dr. Morton's fluid were injected :

R Iodi.....gr. x.  
Pot. iod.....3 ss  
Glycerine..... 3 j. M.

On the following day slight inflammation and hardening were observed. The inflammation during the next few days gradually subsided, while the hardening increased.

April 15. As the tumor was softening, and fluctuation could be detected, tapping was again resorted to, a tablespoonful (all that would come) of clear fluid being drawn off. In a few days afterwards 20 minims of the iodo-glycerine solution were injected.

May 15. A trocar and canula was introduced, but no fluid came away.

June 4. The tumor being greatly diminished in size, and quite hard, the patient was dismissed. At a subsequent period the child was doing well, and the cure seemed complete.—*Medical and Surgical Reporter*.

**COMPOUND LICORICE POWDER.**—As this laxative powder, under the name *Pulvis glycyrrhizæ*



*compositus*, has come into popular use of recent years, being imported, so to speak, from the German Pharmacopœia, it may be interesting to the practitioner to know that it is not by any means perfect in its composition. It occasionally has a tendency to gripe, and, we think, should contain a larger amount of fennel. The following is its formula :—

R.	Glycerrhizæ pulv.,			
	Sennæ pulv.,	aa	3 ij	
	Sulphuris loti,			
	Fœniculi pulv.,	aa	3 j	
	Sacchari albi,		3 vj.	M.

**AMPUTATION OF THE MAMMA WITHOUT LOSS OF BLOOD.**—In No. 30 of the *Centralblatt für Chirurgie*, of this year, Leisrink reported two cases of removal of the mamma, in which hemorrhage was avoided by the use of a clamp constructed for this purpose. This clamp was, however, thought to be suitable only for pendulous breasts. Dr. Szuman (*Centralb. f. Chir.*, October 2, 1880) communicates a new method for bloodless operations upon the mamma, with which he has been able to obtain excellent results. He utilized the principle which underlies the application of successive ligatures to broad pedicles in ovariectomies. The author states, however, that his method is applicable only to those cases of mammary neoplasma which are still movable at their basal surface. From the detailed account given of an operation involving a highly vascular pigmentary cancer, and which illustrated the efficaciousness of his method, we gather the following :—A long and straight needle of large calibre, armed with a heavy double silk ligature previously carbolized, is thrust through the mamma from above downward and parallel with the surface of the thorax. The ligature is then cut at some distance from the point of exit, and the first portion of the gland tied off. By repeating this manipulation a sufficient number of times (four times in the case described), the entire base of the gland is secured between the tightly drawn ligatures. The tumor in this instance, assumed a dark, purplish hue, but on being removed by the knife not the slightest hemorrhage occurred. There is no danger of wounding the pleura if the needle is carefully used, and if the narcosis of the patient is sufficiently deep to prevent the occurrence of sudden movements.

Dr. Stukowenkoff, in the same number of the *Centralblatt*, states that for the past two years he has been in the habit of using a clamp exactly like the one described by Leisrink. He adds that he also applied a tight ligature behind the clamp, in order to cut off the lateral portions of the tumor from blood-supply.—*Med. Record*.

**TAPPING OVARIAN CYSTS.**—Dr. John Homans, in the Boston Medical and Surgical Journal, *Chi-*

*cago Med. Review*, reports twenty-five ovariectomies which he has performed during the past year, with the excellent result of only two deaths. We are surprised to read in his remarks, his opinion that “the emptying of a cyst by the slow process of aspiration is a most pernicious practice and quite harmful, while simple tapping with a good sized trocar is, in comparison, almost innocuous.” This statement is made in an oracular manner. It is unusual for medical writers to assert in such positive terms opinions which are entirely contrary to those of the highest authorities. We had supposed the use of the fine aspirator to be comparatively safe, and that of the good sized trocar to be quite dangerous; because, with the good sized trocar a correspondingly good sized wound is made through the cyst-wall, which permits the escape of any remaining fluid into the abdominal cavity. Such fluid is irritating, and therefore perfectly capable of producing peritonitis. It is important to remember this when tapping for an accumulation of fluid in the abdominal cavity and before using the large trocar, to be satisfied that the fluid is ascitic and not ovarian, because, if ovarian, the fine aspirator needle is the only safe instrument. It is even safer, if the fluid is ascitic, than the good sized trocar, though the latter is not specially dangerous. If Dr. Homans’ opinion were correct, would not the common and innocent practice of removing small quantities of fluid from an ovarian cyst by means of the hypodermic syringe for diagnosis, be also a “most pernicious practice and quite harmful?”

**TREATMENT OF PUERPERAL FEVER.**—Dr. Bell finds that no remedy is so effectual in purifying the system in cases of puerperal fever as the Edinburgh preparation of the tincture of the muriate of iron, when given regularly in full doses often repeated (e.g. thirty drops every two hours.) The great error in the employment of this medicine is the timidity shown in giving it in sufficient doses; in consequence its good effects have been questioned in other diseases of a zymotic character, such as erysipelas, diphtheria and scarlet fever. It has a remarkable effect in moderating the pulse and diminishing the secretion of pus. Dr. Bell thinks it right, however, to warn the practitioner against trusting the new preparation of iron called the tinct. ferri perchloridi, which differs from the tinct. ferri mur. in the amount of iron, and its medicinal effects.—*Edinburgh Med. Journal*.

Dr. Duplay, an *agrégé* of the Faculty of Paris, and Surgeon to the Lariboisière Hospital, has been appointed to the Professorship of Surgery, to fill the vacancy caused by the death of Dr. Paul Broca.

# THE CANADA LANCET.

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TORONTO, MARCH 1, 1881.

## ONTARIO MEDICAL COUNCIL.

As usual, we publish a full report of the doings of the Executive Committee of the Ontario Medical Council.

A measure of relief has at last been given to the unsuccessful candidates at the Matriculation Examination held in August last. And in view of the unprecedented rejection of 61 out of the 73 who went up, this step is eminently judicious—considering the all but impossible standard then required, and the very high marks obtained by many who were outside of the fortunate 12. Would the Committee not have been doing a wise, as well as a just act, in ordering the registration of every student whose standing was found high enough to deserve it? The Council will always sustain the Committee in any act which is at once just and generous.

The important communication from the Minister of Education, occupied much of the Committee's time. The enclosed memorandum of the High School Inspectors goes over the very ground taken by the LANCET of January last. We then pointed out that the "Intermediate" consists of the following groups and subjects:—

*Group I.* embraces Arithmetic, Algebra, Euclid. *Group II.* English Grammar, Dictation, Composition. *Group III.* History, English Literature, Geography. All the above groups and subjects are compulsory in regard to every candidate, and, that besides these, there are four "Optional Departments." *Group IV.*, embracing Natural Philosophy, Chemistry, Book-keeping, is set down as one of these, and Latin, French and German as

the other three. Of these, only one is to be taken, for the official regulation expressly prescribes that "no candidate will be allowed to take more than one of the four optional departments."

We also referred to the first part of the Council's printed regulation: "On and after July 1st, 1881, every one desirous of being registered as a Matriculated Medical Student in the Register of this College, except as hereinafter provided, must present to the Registrar the Official Certificate of having passed the High School Intermediate Examination, with Latin included, whereupon he shall be entitled to be so registered upon the payment of twenty dollars, and giving proof of his identity."

So far this is plain, and easily understood by all candidates, and arranged for by High School teachers—but as we before showed, it was from going on to specify the subjects, that the difficulties have arisen, for the Council regulation as it stands, includes amongst its compulsory subjects, not one, but three of the "Intermediate" options. This clashes not only with the first part of the Council's own rule, but also with the Government regulation, which limits all candidates to *one* of the optional departments.

The Inspectors deservedly praise the "Intermediate" examinations, and express the opinion, one which they are in every way well qualified to form, that with the Latin option, it would be quite sufficient to require from ordinary intending medical students.

Several suggestions are thrown out as possible, if absolutely required, (which would seem very unreasonable,) such as to require a higher per centage from medical, than from all other Intermediate candidates, and also (if thought indispensable) to include Natural Philosophy as compulsory.

There need certainly be no trouble in arriving at a solution of this matter. No higher per centage than 40 per cent per group should be asked for, or thought of, as this is beyond what any of our Universities require for matriculation in arts. Until the Council meets and finally settles the question, we would as before, respectfully suggest that the Executive Committee give due notice through the papers, before the time of holding the July examination; that in accordance with the first part of the Council's regulation, the High School Intermediate examination, with Latin, will, until further



notice, be required of students as the ordinary matriculation of the College of Physicians and Surgeons of Ontario.

The Council will meet in June, but this is too near the time of holding the examinations to make any change.

After the hearty and very decided adoption by the Council of the Intermediate, as its ordinary Matriculation examination, we confess to not a little surprise at finding a resolution actually moved by the late President, and seconded by his successor in office, in the Executive Committee, setting aside the Council's policy for another year, and going back to the old system, which the Council rejected after very full and careful deliberation. Of course it was not adopted.

In conclusion, let us ask, why should gentlemen who have passed the Intermediate with the science option, not be allowed to go up in April for Latin? And why not register until further instructions be given by the Council, all who have passed the Intermediate with Latin? The loss to the Council in both money and popularity will be very great if this course be not adopted.

### MEDICAL ULTRAISMS.

The twenty-third annual report of the proceedings of the Medical Association of the State of Missouri numbering amongst its members the most distinguished cultivators of medical science resident in that State, is a handsomely bound, and well printed volume. We have neither space nor time to enter into any detail of the numerous subjects which engaged the attention of this flourishing Society, but will so far trespass on our columns as to make a few extracts from the very able address of the President, Dr. Maughs of St. Louis on the subject of "Medical Ultraisms." The selected passages will, we are sure, afford our readers a hearty laugh:

"Within the last thirty years departments of the healing art that were embraced within the narrowest limits have widened into vast fields that engage the labors of the most intelligent and industrious to comprehend them. This has been accomplished by the division of labor whereby men of talent by devoting themselves to a single branch of medicine have been enabled to develop it to an extent otherwise impossible. But, while by this division of labor an infinite amount of good has been accom-

plished, which would have been impossible had all been general practitioners, there is now danger lest, all being specialists, none shall be general practitioners. Indeed in some of our large cities specialism is now carried to such an extreme, and the human body is so nicely mapped out and divided, that there is only left to the general practitioner or family physician the *umbilicus*. In country districts where from necessity the physician has to treat all diseases, and consequently where specialism is an impossibility, the family doctor still holds his own; but in all our large cities and densely populated districts specialism revels in tropical luxuriance.

"Has a patient sore throat, not the family physician who alone is acquainted with his constitutional peculiarities, but a nose and throat specialist is consulted, who, acting well his part, attacks the throat without, it may be, any regard to the fellow who owns it. Has a feeble and delicate daughter just blushing into womanhood chorea, not again the general practitioner is consulted, but the neuro-pathologist, who, dominated by an idea, grapples with reflex spinal action and vaso-motor influences with a grip that knows no mercy to an enfeebled constitution. Has the wife a vaginal discharge, the gynæcologist is called in, who attacks the uterus with an earnestness that disregards the fact that there may possibly be a woman behind it. Has a man phthisis, not again the family physician, but the professor of physical diagnosis and diseases of the chest, is called in, and here again disregarding the man, the lungs are made accountable for the sins, it may be, of ten generations of ancestors. Has the father enlargement of the prostate, or diabetes, not the surgeon or the general practitioner, but the specialist in genito-urinary diseases, is consulted. Has the grandmother cataract, not the surgeon, but the oculist is supposed to know enough of the case. Has the child some defect in hearing, not the family physician, or a nurse, but the aurist is alone supposed to be competent to wash out the ears. Has a member of the family epilepsy, an "Insane Doctor" is sent for. I have seen the wife for some uterine complaint, the same day and perhaps at the same time another physician has seen the child for measles, another doctor the father for sore throat, another the son for gonorrhœa, and the general practitioner, or family physician, the servant girl for pain at the umbilicus—colic.

"Medicine has its fashions, and it is surprising to see how much good may be accomplished by simple means when fashionable. Some twelve or fifteen years ago, after the publication of Marion Sims' "Uterine Surgery" and the introduction of the euphonious duck-bill speculum with the left lateral semi-prone position, and the bilateral operation, it was discovered that, so potent were these, all the ills of womankind were at once met by

them. In St. Louis, washerwomen, sewing-girls, and *nymphes du pave* were chased down, rolled over in the left lateral semi-prone position, and, the duck-bill being applied, were bilateralized with results truly magical; the most unpromising cases were by this simple process renovated, rejuvenated, fecundated, and delivered with wonderful certainty. One operator in St. Louis boasted of having thus blessed several hundred women within a short time. In 1868, in a paper read before this Association, I pointed out the errors of this, and showed that, instead of being the harmless operation it was said to be, several women had been allured to the bilateral Mecca, bilateralized and then their bodies kindly returned to their friends.

"But, while the uterus has run the gauntlet, and is now permitted to rest from the importunities of the bilateralist, let no one suppose the gynæcologist less active in his philanthropic endeavors; he has only changed his point of attack from the uterus to the ovaries. Heretofore the modest, retiring ovaries, hidden away in the remotest recesses of the female economy, have been venerated as the Isis behind an impenetrable veil, being supposed in some way to be concerned in lending to lovely woman the charm of her womanhood, and to possess some importance in perpetuating the species; they are now, however, found to answer a more useful purpose, as they furnish the gynæcologist with a wide field for experiment, and that gynæcologist is an exception who has not killed half a dozen women in demonstrating the ease with which these pestiferous organs can be removed. One blessing supposed to result from such removal is that the woman becomes apathetic if not absolutely wanting in amenities towards the other sex, as well as utterly indifferent to the progress of semen, but there is no authority for this. What does the gynæcologist know about women? How many has he killed?

"In the ancient city of Cairo, in Egypt, on account of race, climate, and habitat, the nymphæ of many women are unduly developed, hypertrophied, requiring or justifying an operation for their removal, consequently the voice of the female circumcisor, as the voice of the vendor of oranges, may be heard crying through the streets: "What woman wants to be cut?" There is a prospect, if this warfare and rivalry against the ovaries continues, that soon a like cry may be heard through the streets of St. Louis and New York: "What woman wants to be spayed?" Normal ovariectomy, Battey's operation, as we call it, a placebo for many of the ills of womankind, it is true, often kills the woman, but this is of little consequence; it is the disease we are after, and this it cures radically; moreover, if it does kill the woman, this is not supposed to be the fault of the operation or of the

operator, but must be attributed to a female weakness, and, like Sangrado's practice of blood-letting and warm water, should not be given up merely because patients are so obstinate as to die rather than to confirm the wisdom of the theory. Now, without entirely ostracising this operation, for there are extreme cases where it gives the only promise of preserving life, as in the case reported by Dr. Richmond, of St. Joseph, where, from an incurable *atresia vaginae*, there was no possibility of giving exit to the menstrual blood, and in other conditions where life is alike endangered, or in rare and unfortunate incurable cases where the mind is secondarily affected, it affords a last hope and should be resorted to. We venture the prediction that in ten years it will be as rare to find a gynæcologist, who is willing to perform normal ovariectomy merely for convenience or notoriety, as it is now to find one who is not thirsting to do so for either or both of these reasons."

Our readers must not suppose from this playful banter that Dr. Maughs is by any means preaching a crusade against specialism in the abstract; on the contrary, the general purport of his address is an admission that, within certain limits it must—in view of the great changes in dealing with disease, in our conception of what disease is, and the present vast range of medical art—exist; that where special manual skill attainable only by habit is required, as in many departments of surgery, there must be specialists in practice. Dr. Maughs remarks, we conceive, are only directed against an exaggerated and perverted specialism which—as remarked by Dr. Donkin in his introductory address at the Westminster school—with a pseudo-scientific aspect first falsely teaches and then fleeces the people. That special complaints cannot be successfully treated by those who have merely studied that particular branch of medicine to which their cases belong,—that it is most important and necessary for the correct diagnosis and treatment of special ailments that the physician should be thoroughly educated in all the medical branches, and equally important that the general practitioner should have an intimate acquaintance with the various specialties before he attempts to engage in general practice,—are the views of the Editor of a new London journal, *The Specialist*, published monthly and devoted to original and selected articles on special departments of medicine. In the correctness of these views we apprehend Dr. Maughs concurs.



## ONTARIO MEDICAL ASSOCIATION.

A meeting of a number of medical men of Hamilton and this city was held at the Rossin House Toronto, on Tuesday the 24th ult., consisting of Drs. McDonald, Mullen, Rosebrugh, McKelcan, and Woolverton, of the former place, and Drs. Workman, Covernton, Graham, White and A. H. Wright, of the latter. The object of the meeting was to discuss a constitution and by-laws, for the Provincial Medical Association, and to settle upon the time and place to hold the inaugural meeting. Dr. Covernton was requested to act as chairman and Dr. White as secretary.

On looking over the proposed constitution and by-laws, we do not see that it could be made more satisfactory, indeed it must be said that it has been so constructed as to give the profession in every part of the Province no excuse whatever for not joining heartily in making the Association one in reality, alive and vigorous.

It is proposed to divide the Province into four sections, each of which shall be represented by a Vice-President and Secretary, there being as well a President and General Secretary. In each of these sections the Annual Meeting is to be held consecutively, on the first Wednesday in June. It carefully avoids any collision with the Medical Council, the legislative functions being restricted to the minimum, and confines itself to its true work, viz.: the cultivation of the science of medicine in all its branches. We copy the following from the draft in the hands of the Secretary, as the objects of the Association, which will give the readers of the *Lancet* a definite idea of its scope, and we anticipate that it will receive the hearty assent of every one,

ART. II.—The objects of this Association shall be—

1. The cultivation of the science of medicine and surgery.
2. The advancement of the character and honor of the medical profession.
3. The elevation of the standard of medical education.
4. The promotion of public health.
5. The furtherance of unity and harmony among the members of the profession.
6. And the forming of a connecting link be-

tween the various County and City Societies in this Province and the Canada Medical Association.

In the arrangements for the time of holding the Annual Meeting it will be seen that the interests of the profession throughout the country have been exclusively considered. It is to be held during the month in which they have the most leisure, and when a release from business for a day or two is devoutly wished for. This year June comes in on Wednesday, and let us hope that a hearty response from the whole profession in the Province will be given that day.

Toronto has been settled on for the inaugural meeting and Wednesday, June the first, as the time. We understand efforts will be made to secure return tickets at reduced rates for this meeting on all the railroads and steamers.

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 HEALTH LEGISLATION.

This important subject is one that requires to be kept constantly before the public mind, if any hope is to be entertained of bringing it to a successful issue. We observe with pleasure that Hon. Dr. Brouse has brought the matter most prominently to the notice of the Senate of the Dominion Parliament. He moved—"That an humble Address be presented to His Excellency the Governor-General, praying that His Excellency will cause to be laid before this House, copies of all resolutions from Medical Conventions asking for Health Legislation," and supported the motion in an able speech, in which he set forth in a lucid manner the advantages to the country from the adoption of measures relating to public health. He quoted statistics from different sources bearing upon the question, and made an earnest and eloquent appeal to the Government to take action in the matter. The motion was seconded by Hon. Dr. Paquet, and ably supported by Hon. Dr. Almon of Halifax, and a most favourable impression was made upon the House in reference to the vital importance of the subject. We regret that we have not time nor space to give a digest of Hon. Dr. Brouse's speech on this occasion. A very full report of it, however, will be found in the *Ottawa Daily Citizen* for January 27th. Hon. Sir Alexander Campbell while admitting the value of the suggestions on this important subject, and

also the desirability of dealing with it, was of the opinion that the constitution had placed the control and duty of dealing with public health in the hands of the local legislatures, and not in the hands of Parliament, but promised to make representations to the Government of the views expressed by hon. gentlemen in the House. He congratulated Hon. Dr. Brouse, and stated that the House was much indebted to him for the interesting information he had given on this important subject, and cheerfully assented to the proposed address.

“RIVISTA SPERIMENTALE DI FREN-  
ATRIA E DI MEDICINA LEGALE.”

We certainly owe an apology to the distinguished editors of the above periodical for our delay in acknowledging their polite liberality in favouring the CANADA LANCET, with the privilege of mutual exchange. The *Rivista* was founded by the illustrious, and now deeply lamented, *Carlo Livi*, Medical Director of the Asylum for the Insane, at Reggio Emilia, Italy. It is now conducted by a number of eminent medical and alienistic scientists, whose attainments and labours in the several departments enriched and adorned by them, are known throughout Europe and America; and the extent, variety and richness of its contents, give abundant evidence of the efficient manner in which their onerous labours are performed.

We have lying before us the issues for the 5th and 6th years of the *Rivista*, covering a total of over 1,600 large octavo pages, printed on superior paper, in excellent clear type, and enriched by numerous engravings executed in the very finest artistic style. We certainly do not either exaggerate or do any injustice to similar publications in our own language, or that of any other country, when we rank the *Rivista Sperimentale*, *facile princeps*, and we regard it as a matter of much regret that so valuable a periodical obtains so limited a circulation in the U. S. and Canada. The limited space at our disposal for the insertion of articles pertaining to subjects not immediately connected with practical medicine and surgery, has precluded indulgence in the presentation to our readers of translations of some very able productions in the *Rivista*, which we feel assured would be perused with both interest and instruction by that portion of our

readers whose taste and literary acquirements extend beyond the range of our own language. As however, these constitute only a minority, more respectable than numerous, even of *our* profession, we must defer to the requirements of the great working majority.

DR. HARKIN.

The sudden and unexpected death of Dr. Harkin, of Vanleekhill, in the Ontario Legislative Assembly rooms on the 11th ult., was a painful surprise to all his friends. He was in his usual health and spirits up to within a short time of his decease. The cause of death was supposed to be apoplexy. Dr. Harkin has been a member of the Ontario Legislature since 1875, and was much esteemed and respected by all who knew him intimately, on both sides of the House. Though only about fifty years of age he has been in practice for nearly a quarter of a century, having graduated in the University of McGill College, Montreal, in 1858. In nationality he was a Canadian, of Irish descent, in religion a Roman Catholic, and in politics, a conservative. He held many offices of honor and position among his fellow-citizens, and his loss will be deeply deplored. He leaves a wife and large family to mourn the loss of a kind husband and indulgent father.

APPOINTMENTS, ELECTIONS, ETC. — Dr. G. S. Ryerson has been elected a member of the Ophthalmological Society of Great Britain.

Dr. F. W. Strange, M.P., has been appointed Surgeon to the Queen's Own Battalion, *vice* Dr. Thorburn retired.

Drs. J. H. McCollum and G. S. Ryerson have been appointed Surgeon and Assistant-Surgeon, respectively, of the Tenth Royals.

Dr. Canniff, of Toronto, President of the Canada Medical Association, and Dr. Beatty, of Cobourg, have been appointed Census Commissioners for Ontario.

The following medical gentlemen have been appointed Commissioners under the License Act of 1876:—A. Rockwell, M.D., West Hastings; J. S. Sprague, M.D., and J. S. Loomis, M.D., North Hastings; L. Harvey, M.D., East Lambton; A. McLean, M.D., West Lambton; A. Ro-



billard, M.D., Ottawa ; W. McGill, M.D., South Ontario ; W. H. Blackstock, M.D., East Simcoe ; and W. W. Ogden, M.D., Toronto.

SCOTT'S EMULSION OF COD LIVER OIL.—This preparation is worthy the attention of the medical profession. We have been using it in our practice for some time past, and our experience of its use is most favourable. It is a permanent emulsion, agreeable to the stomach and readily assimilated. The combination of the hypophosphites of lime and soda render it a most desirable remedy for pulmonary troubles, scrofula and emaciation, or wherever there is defective nutrition. Children take this preparation readily.

EXAMINERS IN MEDICINE, TORONTO UNIVERSITY.—Physiology and Pathology—Dr. George Wilkins, Montreal ; Surgery and Anatomy—Dr. A. E. Malloch, Hamilton ; Medicine and Therapeutics—Dr. F. R. Eccles, London ; Midwifery and Medical Jurisprudence—Dr. D. B. Fraser, Stratford ; Chemistry—Prof. W. H. Pike, M. A., Ph. D. ; Natural History—Prof. R. Ramsay, Wright, M. A., B. Sc.

CANADIANS ABROAD.—Dr. T. W. Mills, formerly of Hamilton, has successfully passed the professional examination, and was admitted a Licentiate of the Royal College of Physicians, London, on the 30th of December last.

Dr. F. Cattermole, of London, and A. A. Farewell, M.D., of Oshawa, have successfully passed the examination of the Royal College of Physicians and Surgeons, Edin., and obtained the L.R.C.P. & S.

REMOVALS.—Dr. McCullough, formerly of Rockwood, has commenced practice in this city, at 191 Bathurst Street, and Dr. Dryden, of Eramosa, has moved to Rockwood. Dr. N. McKechnie has opened an office in Thorndale, Ont., where he intends to commence practice.

APRIL MATRICULATION EXAMINATIONS.—One of the most important items at the next meeting of the Executive Committee of the Medical Council will doubtless be to fix a fair and reasonable percentage to be required at the ensuing April Matriculation Examinations.

Dr. Andrew Wood, of Edinburgh, died on the 25th of January, 1881, aged 70 years.

MISSING NOS. OF THE LANCET.—Owing to some defect in mailing the CANADA LANCET last month, several of our readers failed to receive the copies usually addressed to them. If they will kindly drop a post card, we will be glad to supply the omission.

EXAMINERS IN MEDICINE, TRINITY COLLEGE UNIVERSITY.—Dr. Baptie, of Ottawa, and Dr. W. T. Harris, of Brantford, Ont., have been appointed Examiners in Chemistry and Midwifery, respectively, in the University of Trinity College, Toronto.

CORONER.—M. M. Tucker, M.D., of Orono, has been appointed Associate Coroner for the counties of Northumberland and Durham.

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### Books and Pamphlets.

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HANDBOOK ON DISEASES OF THE SKIN. By J. R. Kippax, M.D., LL.B., Prof. of Institutes and Practice of Medicine, etc., Chicago Homœopathic College, etc. Chicago: Duncan Bros. Price \$1.50.

The chief value of this work lies in its conciseness. The work, the author states, has been condensed from notes originally intended for a larger work and is the result of a careful study of the literature of the subject, combined with clinical experience. A chart is added to the work, giving diagnostic, therapeutic and dietetic hints, which will, no doubt, be found very useful. The symptomatology, etiology and pathology—in short all phases of the subject are well considered for a work of its size. The treatment is of course Homœopathic, and upon that part of the work we will not venture an opinion. The book is well printed and nicely bound.

THE POPULAR SCIENCE MONTHLY. Conducted by E. L. and W. J. Youmans. February, 1881. New York: D. Appleton & Co.

This magazine contains papers on a variety of scientific subjects, besides editorials, literary notices, popular miscellany and notes. It is always a welcome visitor, and its pages are perused with pleasure and instruction. We heartily commend it to our friends.

WOODS OPHTHALMIC TEST-TYPES AND COLOR-BLINDNESS TESTS. -New York, Wm. Wood & Co.; Toronto, Willing & Williamson.

The test-types and color-blindness tests are accompanied with an explanatory text by Dr. Cutter, of New York. They are intended to afford physicians a means of testing the acuteness of vision. A set of trial glasses also accompanies the tests. The detection and elimination of the color-blind is important in connection with railroad and marine signals. Holmgren's worsted test has been selected as the one best adapted to this purpose. This test will enable the family physician to decide whether his patient requires the special services of an oculist.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, with descriptive text, by Geo. Henry Fox, A.M., M.D. New York: E. B. Treat & Co.

We have received parts I. II. III. IV. V. and VI. of Dr. Fox's new series of photographic illustrations of *Cutaneous Syphilis*, a companion work to that upon skin diseases generally, which was noticed in our columns during the past year. The present volume so far as published is quite equal, if not superior, to the one previously published and those who have subscribed to the former work will, we feel assured, have no hesitation in ordering this one also, in order to have the entire work on skin diseases complete.

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Roosa, M.D., and Ed. T. Ely, M.D. Revised edition. Wm. Wood & Co., New York. Price \$1.

CUTANEOUS AND VENEREAL MEMORANDA. By Henry G. Piffard, M.D., and Geo. H. Fox, M.D. Second edition. Wm. Wood & Co., New York. Price \$1.

These two little books will be found very useful as a ready reference for the general practitioner. They may be relied upon, as far as they go, in reference to the recent and accurate nature of the information they contain. They will also be found useful by students who have little time for reading the larger works, and especially during their attendance upon lectures.

CASE OF PYO-PNEUMOTHORAX SUBPHRENICUS. (Leyden). By Wm. Gardner, M.D., Prof. Medical Jurisprudence and Hygiene, McGill University, Montreal.

INFECTIOUS (SO-CALLED ULCERATIVE) ENDOCARDITIS. By Wm. Osler, M.D., M.R.C.P. Lond., McGill University, Montreal.

CASE OF MEDULLARY NEUROMA OF THE BRAIN. By Wm. Osler, M.D., M.R.C.P. Lond., McGill University, Montreal.

ON THE USE OF ALCOHOL IN PNEUMONIA. By L. C. Prevost, M.D., Ottawa.

THE TREATMENT OF RINGWORM.—A writer in the *British Med. Journal* says: The difficulty experienced in the treatment of ringworm is known to every one who has seen much of this disease. I therefore think your readers will be glad to hear of a remedy which I have recently used with complete success. Struck with the similarity that exists between the disease known in the East Indies as *dobzitch* and ringworm, and knowing how rapidly the former yields to the application of goa powder, I was induced to try the active principle of this substance, chrysophanic acid, in the proportion of one dram to one ounce of vaseline. The result has been the rapid destruction of the fungus, and consequently a complete cure. Chrysophanic acid has been recommended in the treatment of psoriasis, but I am not aware of it having been used hitherto for ringworm.

GREATER MORTALITY IN VALLEYS.—Dr. Gatling (*Medical and Surgical Journal* for October,) says: —In supervising the census of North Georgia, I have had ample confirmation of an observation which I long since made, of the increased ratio of mortality in narrow valleys. Such valleys, especially in mountainous countries, are hotter by day and colder by night than more open areas. The nights, too, are characterized by dense fogs, which contribute to render the cold night air more chilling. What with the confined air and the heat by day, and the chilly dampness of night, the mortality from both fevers and consumption is increased.

In the *Comptes Rendus*, xci., Professor Bouchut speaks of some experiments he has made going to show that the milky juice of the fig-tree possesses a fermentative power of a digestive character. Having mixed some of it with a preparation from animal tissue, he found the latter well preserved at the end of a month. This fact, when brought into connection with Professor Billroth's case of cancer of the breast, which was so excessively foul smelling that all his deodorizers failed, but which, on applying a poultice made of dried figs cooked in milk, lost entirely the previously unbearable odor, gives an importance to this homely remedy not to be denied.—*Medical Press and Circular*



**SYPHILITIC IRITIS.**—This much feared complication requires prompt action. The treatment recommended by Mr. J. R. Wolfe, surgeon to the Glasgow Ophthalmic Institution (*London Medical Times and Gazette*, January 1st), is as follows :—

After the administration of pil. hydr. c. colocynthis, I order small doses of ol. terebinth—one teaspoonful three times a day in syrup. aurantii, It was recommended by Dr. Carmichael, and was the favorite remedy of Dr. M'Kenzie. This I continue for three or four days, with warm drinks, foot-baths, etc. Then I order pil. hydr. c. quinæ three or four times a day, and the unguent. hydr. fort., into the armpit, ʒj. every evening; warm baths twice a week. When the gums begin to get tender, I discontinue the pills, and only apply the unguent. hydr. to the axilla, and internally potassium iodide is ordered. Should symptoms of mercurialization supervene, I discontinue the ointment and keep the patient exclusively to potassium iodide, which may be given ʒj. three times a day. The strong atropine solution, with the gray ointment, is continued for a considerable time. The drops may even be persevered with for a month after the general inflammatory symptoms have disappeared.—*Med. and Surg. Reporter*.

**REMOVAL OF THE OVARIES AS A HEMOSTATIC MEASURE IN UTERINE FIBROIDS.**—Dr. Lawson Tait finds that removal of the ovaries is the best way to arrest the hemorrhage of fibroid tumors. He has performed the operation thirteen times, with one death. He had determined never again to remove a uterine tumor by abdominal section unless the tumor was of enormous size or was pressing injuriously upon some organ. In all the cases where he had removed the ovaries, the hemorrhage was completely arrested. He related a case in which this was very well brought out. In this one, on stoppage of hemorrhage, the tumor was becoming smaller. He had observed the reduction of size in other cases also. He should in future always perform oöphorectomy before attempting to remove the tumor.—*Western Lancet*.

**DOMESTIC REMEDY FOR FELON.**—Dr. T. C. Brannon says, in the *Therapeutic Gazette*, July, 1880, that for 20 years he has used the following simple treatment: Take of soft lye soap and flaxseed meal a sufficient quantity. Stir in the meal slowly and thoroughly so as to form a salve or poultice; envelope a finger in this, applying snugly, and occasionally pressing it to bring it completely in apposition, and renew it every twelve hours. The escharotic properties of the soap soon destroy the thick skin over the region of the disease, and accounts partly for the quick relief of pain. Besides this, the agent is partly absorbed and thus affects more or less the disease process.—*Virginia Med. Monthly*.

**SIGN OF PREGNANCY DURING THE FIRST THREE MONTHS.**—Dr. J. H. Carstens, in the *Detroit Lancet*, September, 1880, says: I wish to call attention to a sign which, in my experience, has never failed in making a correct diagnosis of pregnancy. I refer to the color of the mucous membrane of the vagina and cervix uteri. This I have always found of a purplish blue, or rather deep violet hue. It is not produced by any pathological condition. The different colors produced by uterine diseases cannot be mistaken for this pathognomonic violet hue. I have often called the attention of students to this sign, and in dispensary practice it has repeatedly occurred that women under my treatment for uterine disease have not attended for six or eight weeks, and hastily placing them on a table without inquiring about their last menstruation, I have introduced a speculum, and have been on the point of introducing a probe, or making an application to the uterus, when, behold! there was the characteristic color. In every case which I could keep under observation, the women were afterwards delivered at full term or had a miscarriage.—*Virginia Medical Monthly*.

**ADMINISTRATION OF IODIDE OF POTASSIUM.**—A most palatable way of administering the iodide to children, or to adults whose gastric membrane is easily irritated, is as follows in any dose required :

℞ Potass. iodidi.....grs. 10

Syrupi cydonii..... ʒj

M. Sig. In a glass of water.

I prepare the syrup of cydonium as follows :

℞ Cydonium (quince seeds)..... 1 part

Cydonium malum (quince fruit) 3 “

Simple syrup ..... 4 “

Water sufficient.

Boil together until seeds and fruit can be crushed with a spoon, then boil until the mass becomes of the consistence of molasses. Strain through a fine sieve. The syrup prepared this way keeps as long as jelly. It is an elegant vehicle on account of its delicious and its mucilaginous properties, giving us in one preparation a demulcent as well as a placebo.

I commend this vehicle not for the iodide alone but likewise for the nitrate of potassa and such drugs as are objectionable when given in a watery solution.—*Med. Herald*.

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### Births, Marriages and Deaths.

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On the 18th ult., Dr. Tuck, of Orangeville, in the 50th year of his age.

On the 11th ult., William Harkin, M. D. C. M., of Vanleekhill, aged 50 years.

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\* \* The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.

# THE CANADA LANCET,

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## ON PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

BY J. FULTON, M.D., M.R.C.S., ENG., L.R.C.P., LOND.,  
TORONTO, CANADA.

Surgeon to Toronto General Hospital, Prof. of Physiology in Trinity Medical College, Toronto, &c., &c.\*

GENTLEMEN,—The disease which I am about to describe is happily very rare in this or any other country. It is nevertheless very interesting, and well worthy our careful consideration. It is the first case of the kind I have seen in a practice of sixteen years, and is the first case recorded as occurring in the Toronto General Hospital, if not the first in Canada.

*Synonyms.*—Pseudo-Hypertrophic Spinal Paralysis, Progressive Muscular Sclerosis; Myosclerotic Paralysis; (Duchenne's Disease?) Lipomatosis Musculorum Luxurians Progressiva, &c., &c. The disease is clinically characterized by an abnormal increase in size of certain muscles accompanied by a diminution or loss of their functional energy. It was first described by two Italians, Coste and Gioja, in 1838, and subsequently by Meryon in 1852, and Rinecker in 1860; but the diagnosis from the descriptions given by these observers is not at all certain. It remained for Duchenne to point out distinctly the contrast between the weakened function of the muscle and its excessive size, in a case published by him in 1861. The first complete report of an autopsy was published by Eulenburg & Cohnheim in 1866. The symptoms as detailed by Duchenne are as follows: 1st. Feebleness of the lower limbs first observed. 2nd. Lateral balancing of the trunk and widening of the legs in walking. 3rd. Lordosis, or "saddle back" curvature of the spine in standing and walking. 4th. Talipes equinus (or equinovarus) with over-extension of the first phalanges of

the toes. 5th. Apparent muscular hypertrophy. 6th. Stationary condition. 7th. Generalization and aggravation of the paralysis.

Instead of giving a detailed statement of the clinical characters of this disease as recorded by the authorities on the subject, I will give a description of the course and symptoms in the case of the patient before us, as I regard it as a typical one.

James Steele, æt. 24, unmarried; robust looking; apparently well developed, and well nourished; a Canadian by birth, and a shoemaker by trade. Family history good; parents and grandparents healthy, so far as can be ascertained. He has two sisters and one brother, all of whom are healthy. There is no evidence of specific disease. His father was a farmer, and the lad remained on the farm until he was 14 years of age, when he went to learn the shoemaking business owing to his inability to follow his father's occupation. The disease commenced by weakness of the legs and back when he was about 7 years of age, and continued slowly and gradually to increase. When he went to learn his trade he found that he could work tolerably well in the sitting posture, but complained greatly of stiffness of the knees, as if from long sitting. At this time, and up to within four or five years ago, he could walk without a cane. About two years ago he was compelled to give up shoemaking on account of weakness of the back, and inability to sit long in one position.

He was first admitted into the Toronto General Hospital in December 1878, for the treatment of sciatica of the left leg. The disease was supposed to have been occasioned by exposure to cold, and lasted about two weeks. He was confined to his bed most of that time, and the true nature of the disease which he has had since childhood was not detected by his then medical attendant nor by any one else in the Hospital. He left the Hospital at the end of two or three weeks, and was not heard from again until the 14th of April, 1880, when he was admitted under my care. From the admirable clinical lectures on this affection by Dr. Gowers, delivered at the National Hospital for the paralyzed and epileptic, London, and published with woodcut engravings of cases, in the *London Lancet* for July 5th, 1879, and three following numbers, and which I had read carefully at the time, I was able at once to recognize it as a case of *Pseudo-Hyper-*

\* (Read before the Canada Medical Association at Ottawa, September 1st, 1880.)



*trophic muscular paralysis.* When admitted to the Hospital he was unable to stand without support ; now he can stand alone unaided for a few minutes at a time, and for a considerable length of time when his knees are supported against a bed or chair. When he stands erect a line dropped perpendicularly from the 7th cervical vertebra to the floor falls considerably behind the sacrum, and several inches behind the curve in the spine.



He stands with abdomen prominent, shoulders thrown back, feet planted widely apart, and toes turned inwards. In walking the body swings from side to side ; his gait is waddling, and progression slow. The extreme lordosis or "saddle back" curve so well described by Duchenne is well marked in this case. In some cases this condition is reversed, the spine being convex posteriorly in the lumbar region. There is no tenderness along the spine ; the action of the sphincters is not impaired, and the sexual functions are normal ; also secretions generally ; appetite good ; he sleeps well. There is very little disturbance of sensibility either in the sound or hypertrophied muscles. The

muscles of the calves of the legs are greatly hypertrophied, and quite hard—in marked contrast with muscles in other parts of the body, which are soft and flabby. The muscles of the left arm are also much increased in size. There is also some hypertrophy of the right deltoid, supinator longus and extensors of the forearm. The flexors are somewhat atrophied. There is great loss of power in the lower extremities and the patient has considerable difficulty in arising from or assuming the sitting posture, and does so by laying hold of some object, or by placing his hands upon his knees and raising the trunk. Some of the muscles respond feebly to galvanism, others do not. He has difficulty in crossing his legs when sitting, and there is entire absence of tendon-reflex. His intellect is quite clear. During sleep his arm and legs are strongly flexed. The "saddle back" curve entirely disappears when he sits down. This curve of the spine so conspicuous when standing, has by all authors, from Duchenne, been attributed to weakness of the extensor muscles of the spine, but Dr. Gowers in the clinics to which I have referred, gives it as his opinion that it is due to impairment of the extensors of the hip, which permits of a forward inclination of the pelvis, for, as he says, "when the patient sits down the pelvis rests on the ischial tuberosities, its inclination forwards ceases and the lordosis disappears."

The following are the measurements of different parts—

Chest.....	37 inches.
Waist .....	32 "
Right arm (mid) .....	10½ "
Left " .....	12 "
Right thigh (mid).....	17½ "
Left " " .....	17 "
Right calf .....	15¼ "
Left " .....	14¾ "

With reference to the order of occurrence of symptoms, weakness of the lower extremities is one of the earliest. It is gradual and not preceded by fever, as in spinal paralysis. In children it may commence to show itself when the child commences to walk. In Dr. C. T. Poore's analysis of 85 cases, published in the *N. Y. Medical Journal* for June, 1875, 3 never walked ; 24 never walked properly ; 52 walked well at first, and in 6 no mention is made of the period of walking. In the majority of the cases the disease commenced before the

ages of ten years, in 6 between the 10th and 16th year, and in 6 after that age—one at 24, one at 26, 1 at 28, 1 at 37, and one at 40. Duchenne states that the disease is sometimes ushered in by convulsions. Pain in the calves is occasionally present. The next stage is the development of the hypertrophy. Very often this comes on early, but it may not show itself for 6 months, or several years. It generally begins first in the calves, but it may affect other muscles of the lower extremities as the glutei, or even the upper, as the deltoid, biceps, triceps or trapezius. The muscles not hypertrophied may become atrophied and thus add to the deformity. At an early stage the hypertrophied muscles respond to electricity, but later they lose that property owing to pathological changes. The appearance of the patient soon becomes striking—prominence of the abdomen—projection backwards of the shoulders—lumbar curve—wide separation of feet in standing, with the toes turned inwards—swinging gait—slow progression—waddling motion, and difficulty in rising from the sitting posture. The skin in the affected parts is sometimes mottled—partly pale and partly bluish, owing to modified cutaneous circulation, and the temperature is lowered.

With reference to the etiology of the disease, cold, dampness and antecedent febrile disease are mentioned as probable exciting causes, but our attention may be chiefly directed to age, sex and heredity as predisposing causes. The disease is largely confined to children, and males are more predisposed to it than females. Eulenberg, in *Ziemssen's Cyclopaedia*, vol. xiv., states that "of 86 cases that are adequately reported, 70 occurred in males and only 16 in females, which constitutes a ratio of nearly 9 to 2. This circumstance is still more strikingly shown by the fact that when several cases occur in a family, the male members are sometimes the only ones affected. The influence of heredity is seen in the appearance of the disease among numerous members of a family. Barsickow mentions 24 cases in two families. Cases of two children of the same parents are numerous. Dr. Gowers mentions in his clinic, 6 cases as occurring in one family. Cases of three brothers are reported by Heller, Wagner and Seidel. Poore's table contains the following examples of heredity. In two cases a maternal uncle and aunt had the disease; in one, three maternal uncles and aunts were af-

ected; in one, one maternal uncle and half-uncle; in one, three maternal half-brothers; and in one, a maternal half-brother, three maternal uncles and other members on the mother's side. It does not appear therefore to be transmitted directly from parent to offspring, but is a marked example of atavism. The descent is almost invariably from the mother's side, and the disease shows itself almost exclusively in the males.

In regard to the prevalence of the disease, Dr. Gowers says that up to the time of his writing (July, 1879) only about 140 unequivocal cases had been reported. Since Dr. Gowers' article appeared three cases in one family, all males, have been reported by Dr. Milner Moore, of London, Eng., in the *Lancet* for June 19, 1880. The family consisted of seven children, five boys and two girls. Three of the boys aged respectively 15, 10 and 7, are subjects of the disease, the other four are healthy strong children. In *La France Medicale*, June 30, 1880, is the report of a death that occurred from this disease in the Hospital of St. Eugene (a brother of this child died of the same disease in 1870). Cornil made a histological examination in the recent case, but has added nothing to what was known before. The writer adds, in this connection, that some facts tend to prove that the girls who seem so refractory to the disease with which their brothers are attacked may in turn transmit it to their children. Dr. Hammond, of New York, in his treatise on Diseases of the Nervous System, 6th edition, page 491, says, his personal acquaintance with the disease is limited to two cases and that it is exceedingly rare in this country, seven other cases only having been reported; one by Drs. Ingalls and Webber, of Boston; one by Dr. Wm. Pepper, of Philadelphia; one by Dr. S. Weir Mitchell, one by C. H. Drake, one by Dr. C. T. Poore, of New York, and two by Dr. G. S. Gerhard, of Philadelphia. This case is the only one, so far as I know, which has been reported in Canada.\*

With reference to the morbid anatomy and pathology much remains to be discovered. Nearly all observers agree in the main regarding the condition of the muscular tissue in the parts affected, but they differ very widely regarding the condition of the

\* In the discussion which followed the reading of this paper, Dr. R. P. Howard, of Montreal, mentioned one or two cases which came under his observation.



spinal cord; some deny the existence of any lesion in this nerve centre. Dr. Flint in his recent work on clinical medicine, page 580, says, the "pathological questions under discussion at present are, whether the myopathic affection be primary or secondary to histological changes which have been observed in the spinal cord?" Eulenberg and Cohnheim were the first to make a complete necropsy, including the examination of both muscular tissue and spinal cord. They found the muscular fibres reduced to  $\frac{1}{3}$ th of their ordinary size and in some localities, empty sarcolemmæ, but no lesions in the cord. Charcot found diminution of muscular fibres and indistinct striæ, increase of connective tissue and some fatty deposit, but no lesions in the cord. Duchenne also regarded the enlargement of the muscles as due to increase of connective tissue and fat. Muller on the other hand found, in addition to the changed condition of the muscles, degeneration of the lateral columns and atrophy of the nerve cells of the anterior horns of gray matter. Barth also found extensive changes in the cord and the peripheral nerves, but was inclined to interpret them as secondary. They consisted of wedge-shaped or roundish spots, gelatinous, and irregularly distributed in the white substance of the anterior and lateral columns. Here the nerve fibres were few, the space being occupied by a finely granular substance, traversed by dilated vessels and containing numerous corpora amylacea. There was also atrophy of the anterior cornua and cells, and the vessels were much dilated. The sciatic nerve was also flattened and the fibres pressed asunder by a deposit of fat.

Lockhart Clarke found disintegration of the gray substance of the anterior, lower, and central portions of each lateral half, also disintegration of the nerve roots, sclerosis of the anterior and posterior columns, dilatations of vessels and extravasation.

Dr. Hammond in his work, after reviewing the arguments of the different writers *pro* and *con*, says, that we are warranted in, at least provisionally, accepting the view that the anterior gray matter of the spinal cord is the seat of lesion in pseudo-hypertrophic muscular paralysis, or in other words, that the spinal lesion is the primary one, the muscular secondary, an opinion in which I fully concur.

In the matter of diagnosis, the only diseases with which it is liable to be confounded are pro-

gressive muscular atrophy and true muscular hypertrophy. But its gradual development, progressive difficulty in movement (especially in arising from or assuming the sitting posture), the curve of the spine, the age at which it usually commences, and the enlargement of the muscles, are distinguishing features which constitute easily recognized signs of the disease.

The prognosis is unfavorable. The disease is slowly progressive, but death generally occurs from some intercurrent affection, as phthisis, pneumonia,—rarely before the 8th year of the disease, and generally between the 14th and 30th.

The treatment must be conducted on general principles. Electricity seems to be the only remedy that promises to be of any service. Duchenne cured two cases by the Faradic, *i.e.*, induced current. Cases have been treated sometimes with the induced and sometimes with the constant current, but the former has been more beneficial in most cases. Electro-magnetism has been used in the present case, and has been of great service to the patient; he has improved considerably under its use. Kneading of the muscles, or shampooing, has sometimes proved beneficial. Among internal remedies may be mentioned arsenic, iodide of potassium (in special cases), strychnine, iron, quinine, etc.

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## SURGICAL CLINIC.

BY R. J. LEVIS, M.D., PENNSYLVANIA HOSPITAL,  
PHILADELPHIA.

(Reported for the *Laucet* by Dr. L. W. Steinbach.)

Assistant Demonstrator of Anatomy in Philadelphia School of Anatomy.

### FRACTURE OF THE CLAVICLE.

We have here a patient, a male about 40 years of age, who three weeks ago sustained a fracture of the clavicle by being run over by a wagon. He came to the hospital only yesterday; during the interval some callus has formed around the fragment.

Fracture of the clavicle, like that of other bones, is produced by direct or indirect force, much more frequently however by indirect violence, and therefore the fracture is generally an oblique one. If the fracture, as in the case before us, is produced by direct force, it is more or less transverse, but is the least frequent in occurrence. Muscular con-

traction is sometimes a factor in the production of fracture of the clavicle, and I have had cases under my care where the accident occurred in an attempt at raising the body on a horizontal bar, and by climbing a tree; another case I remember in an actor who sustained this fracture while lifting a child with one arm. In fracture from indirect violence the break almost invariably occurs at one point, namely, at the junction of the middle with the outer third of the bone, and here we always look for the seat of the fracture. Transverse fractures which result from direct violence, such as from a blow, a base-ball, machinery, etc., take place at the point of impact.

No apparatus has as yet been invented for a satisfactory treatment of a fractured clavicle, although every surgeon deems it his duty to devise some contrivance, and I myself am not guiltless in this respect. What are the difficulties that present themselves, and how are we to overcome them in order to attain a satisfactory result? The inner fragment is drawn upward and overrides the outer fragment by the action of the sterno-mastoid muscle, while the main factor in the displacement of the outer fragment downward is the weight of the shoulder. To counteract these, we employ the postural method, if I may so term it. It consists in placing the patient flat on his back for at least a week or ten days. We thus obtain correct apposition and in ten days a partial solidification or union occurs by callus which is thrown out. The muscular action by this time is overcome and the fragments are inclined to stay in position. A pillow properly placed under the head promotes flexion of the head on the chest with an inclination to the affected side, which relaxes the displacing sterno-mastoid muscle. In some cases we put an additional weight to the shoulder, generally in the shape of a small bag filled with sand or shot. After this preliminary treatment, or in cases where the circumstances of the patient do not permit him to stay in bed, we apply a sling or a dressing of adhesive plaster, the latter of which I apply in the case before us. At the end of a strip of adhesive plaster three and a half inches broad, and about one yard and a half long we make a loop by a few stitches, pass the arm of the affected side through the loop and bring the loop well up to the axilla. We then pass the plaster, with its face towards the body, across the back and under the opposite

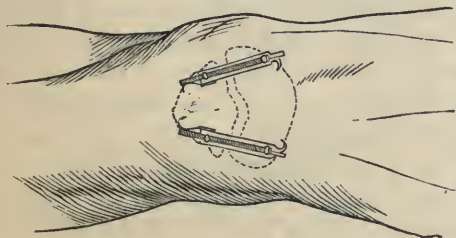
axilla, and then encircle the chest, in front. This will act to draw the injured arm backwards. Another strip of plaster of equal length and width we apply by beginning at the back and carrying the strip over the shoulder of the affected side, thence down the posterior aspect of the arm to the elbow. Here we make a longitudinal slit in the plaster, into which the olecranon process fits, and is thus protected from pressure; we then carry the strip along the forearm, which is placed across the chest, with the palm grasping the opposite shoulder, till it overlaps the hand and shoulder, and reaches the initial end upon the back. This leverage on the fulcrum made by the first band of adhesive plaster forces the shoulder upwards and backwards and tends to keep the fragments in apposition. As yet no means has been devised for bringing the shoulder outwards except to place a pad in the axilla, which however is attended with so much inconvenience to the patient as to make it highly objectionable. With a roller bandage encircling the chest several times I can trust the patient to be about, since he is anxious to join his family.

#### TRANSVERSE FRACTURE OF THE PATELLA.

The patient before us, a male about 40 years of age, has a fractured patella, which without inquiry into the history of its origin we can pronounce as being produced by muscular action, since I can detect no bruise which invariably accompanies a fracture produced by direct violence. The accident occurred four days ago, and the space between the fragments which two days ago amounted to two inches is but one-fourth of an inch at present, the parts having come nearer together by the subsidence of the inflammatory effusions. I am of the opinion that the separation of the lower from the upper fragment is due in a greater measure to the interposition of inflammatory deposits than to muscular contraction, and whenever the serum and lymph become absorbed, the ends of the bone approximate. The best method for the treatment of this accident is the immediate, consisting in the application of iron hooks. Some time ago, I modified the original Malgaigne's hooks by separating them into two pairs, believing, that in this manner they can be applied with greater accuracy. My colleague, Dr. Morton, improved this modification, and we had in this house such good results from the employment of these hooks, that in more than



one case we could not detect any space between the fragments. Although it is thought that no real synostosis takes place in this fracture, the fibrous band intervening must have been so short as not to be appreciable. In many cases we could not



distinguish the fractured from the sound patella. The screw does not form an essential part of the hooks, and my recent modification consists in these hooklets sliding upon each other; they can be adjusted by the fingers and fastened by a small thumbscrew on the top.



We allow from three to ten days from the date of the accident before we apply the hooks, and so we will postpone their application in the present case until the swelling has gone down to a greater degree, meanwhile the patient is kept on his back in bed.

#### THE INTERCELLULAR SUBSTANCE AS A TRACT FOR THE SECRETION OF PIGMENT.

BY C. SHEARD, M.B., M.R.C.S., ENGLAND.

Lecturer on Normal and Pathological Histology in Trinity Medical School, Toronto; Pathologist to Toronto General Hospital.

Much has of late been done to advance our knowledge of the methods by which secretion takes place in the various secreting organs of the body, and much knowledge has been gained by close and continued observations made upon the structure of various cells, and the changes which their structural elements undergo before and after secretion. Klein (in *Quarterly Journal of Medical*

*Science*, No. 71 and subsequent Nos.) has shown that the goblet cell is present in all mucus secreting glands, and is the form assumed by epithelial cells at the time of their secretion. Kleinenberg, W. Flemming, O. Hertwig and E. Van Beneden (in *Archives fur Microscopic Anatomie*, Bd. XIII.) have explained the structure of these cells and the part played by their elements in bringing about the discharge of their secretion. All these observers have confined their attention to the epithelial cells, and I think, with the single exception of Herdenhain (in *Pflüger's Archiv. I.*, 1874), no one has regarded the intercellular substance at all as playing any part in secretion. Herdenhain has stated that certain coloring matters—sodium sulphindigotate—when injected into the blood are taken up by the cells of the kidney tubules and passed from them into the intercellular substance, and thence into the lumen of the renal tubule.

It is my object, in the present paper, to show that certain pigments, in escaping from the blood by means of the kidney, do not at any time pass into the epithelial cells, but are transmitted entirely through the intercellular substance. The coloring matters experimented with were sodium sulphindigotate and ammonio-carmin. The experiments number fifteen, and were performed upon medium-sized healthy rabbits, as follows:—The rabbit was placed under the influence of chloral hydrate. The left external jugular vein was then dissected out, a ligature passed beneath it and looped ready to be tied, the vessel was now opened, a glass canula introduced into its proximal end, and the ligature around the distal end tightened. Into the vein 5 cc of a saturated solution of sulphindigotate of soda was slowly introduced, 1 cc at a time, being introduced at intervals of a minute; the animals were then allowed to remain alive for periods varying from ten minutes to four hours, and then killed, the kidneys taken out, cut into pieces parallel with the pyramids. The kidneys from the first experiments were placed in dilute methylated spirits—two parts spirit and one part water—the hardening fluid used by Herdenhain, whilst the kidneys from subsequent experiments were hardened in absolute alcohol.

The kidneys, from the first experiments where methylated spirit was used as a hardening fluid, were examined after a period of five days. As soon as they were able to be cut, and sections

from them examined, they showed the nuclei of all the epithelial cells deeply stained with the coloring matter; that this was due not to their having secreted the pigment, but to their being simply stained in a solution of sulphindigotate of soda, might be known by examining the epithelial cells lining the *collecting tubes*, where they will also be seen to be stained, and I think that all physiologists are now agreed that no secretion of urine takes place in the collecting tubes. Again, specimens exactly resembling those which Herdenhain has drawn in the *Archives*, as representing the early stage of secretion, may be produced by simple staining.

In my experiments the kidneys of animals, treated as above described, examined at a period of *ten* minutes after the injection, showed the pigment just commencing to appear as granular dots in the intercellular substance, and later, after a period of *twenty* minutes, a distinct blue delineation of the intercellular substance was seen, but at no time was there staining of the nuclei, or pigment in the substance of the cell itself. The entire secretion of the pigment required from one to three hours, varying with the degree of arterial tension and the rapidity of the heart's action. In those animals of high arterial tension and quick pulse, the pigment was found to have escaped almost entirely from the kidney in about sixty minutes.

With regard to the ammonio-carminic pigment, the same solution was used as given in the *Hand-book to Phys. Lab.*, save that air was passed through the solution until the carmine began to be precipitated in order to get rid of the excess of ammonia. The results of experiments with carmine were the same, as far as avoidance of the cells and their nuclei were concerned, but the observations were much more difficult on account of many animals dying from the effects of injection. The specimens also showed in many cases the lumen of the tubules, especially those near the Malpighian bodies blocked by injection matter. This I regard as important, as showing that some at least of the pigment had been dissolved in the serum of the blood, and transuded through the vessels of the glomeruli. No such blocking occurred in the kidneys of those animals injected with sulphindigotate of soda.

From these experiments it is reasonable I think

to infer that the discharge of pigment by the kidney is more of the nature of a *transudation* than of a true secretion. This we know to be true in reference to two pigments—ammonio-carminic and sulphindigotate of soda. We know still further, that the *fluid portion* of the urine is secreted mainly by the glomeruli, leaving therefore only the solids of the urine to be secreted by the epithelial cells of the tubules.

This is not only shown by experiments in the physiological laboratory, but is borne out in the clinical history of kidney affections. In acute desquamative nephritis we have the glomeruli affected by inflammatory changes, causing diminished quantity of urine, and also the epithelial cells of the tubules destroyed and uræmic poisoning following, since urea can no longer be secreted when the epithelial cells are gone. Again, in lardaceous or amyloid disease of the kidney, we have an inflammation of the vascular tufts, constituting the glomeruli, causing enlargement of them, but the epithelial cells lining the tubes are unaffected, the result being a large quantity of urine of low specific gravity, no excess of urea, and no tendency to uræmic poisoning (except in very advanced disintegration when the renal tubules also participate).

These are pathological facts in support of the view that the epithelial cells are alone concerned in the secretion of the solids of urine, viz., urea and the insoluble salts, whilst from the glomeruli we have a transudation of blood serum and the salts soluble in the blood serum, and from the intercellular substance of the renal tubules the urinary pigments.

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## THE CAUSE OF SUDDEN DEATH DURING THE FIRST STAGE OF CHLOROFORM INHALATION.

BY A. C. GAVILLER, M.S., TRIN. MED. COL., TORONTO.

The question of sudden death during the first stage of chloroform inhalation is one which has been energetically discussed by many able therapeutists, and many and various have been the causes assigned for it. Perhaps the most universally received opinion is, that when suddenly inhaled without due admixture of air, it proves fatal by producing direct cardiac paralysis. Now as it is



well known that chloroform is primarily a stimulant, how is it that its first action in these cases should be to produce a paralysis? This phrase, "cardiac paralysis" seems to me to be likely to lead to much confusion in the minds of students, notwithstanding the statement of Dr. Brunton, that it was due to "an irritative action of chloroform on the fifth nerve." Now neither of these explanations are well calculated to give students a very clear idea of the mechanism of death in these cases, and it is not till we consult the physiology of the nervous system that the explanation becomes apparent. In this research several important facts are elicited. We find first, that the larynx and general respiratory tract are supplied with sensory filaments by the pneumogastric nerve, and second, that the heart has a double nervous supply, receiving motor impulse from the sympathetic, and inhibitory filaments from the pneumogastric the latter having the power of restraining, or holding in check, the heart's action. From this arrangement we cannot fail to perceive the close connection between the heart and the respiratory system. The first action of chloroform by inhalation, is to produce a powerful irritative effect on the sensory filaments of the pneumogastric distributed to the air passages. This irritation being propagated to the medulla may be thus reflected along the inhibitory fibres of the pneumogastric distributed to the heart, whose action is thus suddenly and powerfully depressed. Clearly here is an explanation of the sudden cessation of the heart's action, not due to paralysis of its structural and nervous supply, but to the strong inhibitory action of the overexcited pneumogastric, while the chloroform has not yet reached the sympathetic nerves supplying the heart with motor power, so that they have not as yet received any stimulus. This mode of explanation is somewhat analogous to that of the mode in which chloroform excites spasms in a tetanic patient. Here the irritation applied to the sensory nerves of the respiratory tract is propagated to the centre for respiration in the medulla, thence reflected through the spinal cord and nerves to the muscles of respiration. But the spinal cord being in a state of hyperexcitement, the impulse becomes so exaggerated as to produce in many cases tetanic spasms, thus causing death by asphyxia.

## Correspondence.

### ELECTRO-THERAPEUTICS.

To the Editor of the CANADA LANCET.

SIR,—Dr. Rockwell, while admitting that my description of general faradization and central galvanization, are "in general very good," claims that my proposed modification of general faradization "is by no means satisfactory."

In the article referred to, I state that the perinæum, the outer side of the thigh, the calf of the leg, and the soles of the feet are not sensitive to the faradic current, that the negative electrode may be applied to any of these parts as is most convenient, and that on account of the great inconvenience of stripping the feet, and keeping them warm during a prolonged seance, I dispensed with the copper foot-plate and made the application either to the thigh, the calf of the leg, or even to the popliteal space. Dr. Rockwell asserts, that if the negative electrode is applied in this manner, it will cause disagreeable muscular contractions long before the current is sufficiently strong at the other pole.

I can simply say in reply that such is not my experience; and, in making the application with the positive pole, I frequently exceed the rule to make the application "only pleasantly painful."

Of late, I have been using the wide flat electrode similar to the spinal electrode. With female patients, the electrode is passed underneath the drawers above the knee; and with males, underneath the stocking against the calf of the leg, and I seldom find it necessary to divide the current between the two limbs, as suggested in my article.

I cannot forbear saying that I strongly dissent from the idea implied, rather than expressed by Dr. Rockwell, that the administration of electricity requires too much skill to admit of its being used by general practitioners, and that it should be left in the hands of specialists, who can boast of an experience "in not only thousands, but in scores of thousands of applications." I fear that a somewhat similar idea prevails with many members of the profession in Canada, and one object I had in view in writing a series of articles on electricity, was to demonstrate that the administration of electricity is quite within the power of every physician.

and need not be relegated either to the skilled specialist or to the advertising "Electro-Therapeutist."

It may not be inappropriate to add that after the publication of my article on general faradization and central galvanization, I received a complimentary note from Dr. George M. Beard of New York, in which I understand him to express his approbation of the views therein expressed.

Respectfully,

A. M. ROSEBRUGH.

Toronto, March 15.

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To the Editor of the CANADA LANCET.

SIR,—As Dr. Kennedy has failed to show that the fatty concretions produced in the evacuations by large doses of olive oil are gall-stones or the debris of gall-stones, I think it would be in bad taste to allow this discussion to drop without any explanation being furnished as to the cause of their production. I hope, therefore, that he will not deem it out of place if I call his attention to the connection that exists between disease of the pancreas and the occasional discharge of large quantities of fatty matter from the bowels. An admirable digest of the literature of the subject, up to the present time, may be found in an article in Ziemssen's *Cyclopædia*, vol. viii., by Friedreich. Reference is here made to the writings of Kuntzmann (1820), Bright and Elliotson (1833), Gould (1847), Lussanna (1851), and a host of others, in which "fat in the stools" was ultimately set forth as an important diagnostic symptom of organic or functional disease of the pancreas. Especial reference is also made by the same writer to sixteen cases collected by Dr. Reeves, which may be found in the *Monthly Journal of Medical Science*, Edin., for March, 1854. The following cases, taken from Dr. Reeves' paper, are worth reproducing:

"For years," says Howship, "an elderly lady had suffered from bilious attacks, attended by severe pain in the hepatic region, with thirst, high-colored urine, and jaundiced tinge of skin. The attacks would be violent for some days, and then decline, a large quantity of fatty matter, in the form of small masses, sometimes from aperient medicines being passed. In 1809 the attacks returned; gall-stones being suspected, an emetic

was given, without benefit. Dr. Simpson, of New Maldon, advised the exhibition of a large dose of olive oil, as he had seen benefit result. It was had recourse to, and induced copious evacuations, in which fatty masses were seen varying in size, the largest being equal to a grape."

"Dr. Babington met with a similar case in a lady who had been for several years subject to an affection which was considered to be gall-stones; she had recourse to olive oil in doses of two or three ounces, followed by the discharge of fatty masses, varying in size from a pea to a grape."

"A female," says Cappezzuoli, "who was supposed to be suffering under disease of the liver, passed fatty masses of the size of almonds of a greenish hue."

"A friend of mine," says Dr. De la Motte, "often passed fatty concretions like biliary calculi; they were attended by a sense of weight in the right hypochondrium."

"Hufeland mentions having seen them passed by a person who suffered from much constipation." Other cases are cited from Hildamus, Arnot, Mérat, Scott, Schneider, Tulpius, Elliotson and others,—all resemble in essential particulars the above,—the concretions varying in size from a pea to a hen's egg, and as many of them as were thrown in the fire, burnt. Of the sixteen fatal cases collected by Reeves, eleven cases had disease of the pancreas or of its duct; in five cases only was the pancreas healthy. Of the twenty-four cases of fat in the stools collected by Griscom, fourteen died, and in eight of the cases disease of the pancreas was proved at the post-mortem examination. It would appear, then, that, though not pathognomonic, fat in the dejections is an important diagnostic symptom of organic or functional disease of the pancreas or of its duct.

Space will not permit me to enter in detail into the experiments of Bernard, who produced, by the admixture of freshly-obtained pancreatic juice with olive oil, a perfect emulsion similar in appearance to milk or chyle; he continued the experiment by ligaturing the pancreatic ducts of a dog, when fats and oils passed through the small intestines unaltered. "The intestinal secretions (especially those of the duodenum)," says Dr. John R. Wardell, "the pancreatic fluid and the bile are the conjoint factors which emulsionize and saponify the fatty ingesta, but the pancreatic secretion is by



far the most important agent in this office, and the disease of this gland explains the voidance of fat in the dejections." But disease of the gland itself is not the only cause of defective secretion, as it is also produced by mechanical causes, as when tumors of the stomach, liver and other parts press upon the duct,—when it is blocked up by a calculus, or obstructed by duodenal disease. In the absence of pancreatic secretion the alimentary canal loses its moisture and the fæces are apt to be hard and indurated, hence the tendency to produce fatty concretions, when olive oil is administered, with a view of removing habitual constipation. As the pancreatic duct opens in common with the ductus choledochus, it is easy to understand why occlusion should occur in the passage of gall-stones in cholelithiasis. "I myself have observed one case," says Friedreich, "in which the stools consisted entirely of fat—partly amorphous, tallow-like lumps, and partly crystalline. We had evidently to deal with a case of plugging of the ductus choledochus, and where the mouth of the pancreatic duct had been also occluded."

Another condition for the production of fat in the dejections is, when the quantity of oil in the ingesta is so large as to be out of all proportion to the amount of pancreatic juice that finds its way into the duodenum, by which it is emulsified and digested. That this occurs in healthy persons is shown by Reeves, who says that in Spain, France and Italy, where olive oil enters largely into the diet, fatty concretions in the stools are of common occurrence.

But Dr. Kennedy thinks that I have avoided the main issue in this discussion—the "relief obtained" by the use of olive oil in the cases reported; if he means relief of the constipation I agree with him; if of the cholelithiasis I disagree with him most emphatically, for in the case of Robert C—, to which he has frequently called my attention for this purpose, the attacks of hepatic colic continued at stated intervals while the patient was under his charge, as they had done previously, and the severest attack that he experienced during his illness occurred some three or four weeks after he had commenced the oil treatment. The calculi were, therefore, not "dissolved," nor were they "painlessly expelled," and no evidence is produced to show that he would not have recovered as well or better under a more rational treatment; and I

do not understand what object Dr. Kennedy can have in view in furnishing any explanation of the *modus operandi* of this agent, until he has produced some proof of, and fully satisfied himself that there was an *operatio*.

Yours truly,

A. RUTTAN, M.D.

Napanee, March 12, 1881.

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## Reports of Societies.

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### TORONTO MEDICAL SOCIETY.

TORONTO, Feb. 24th, 1881.

The President took the chair at 8.15. The minutes of the last meeting were read and confirmed. Dr. James Ross, jun., was duly elected a member of the society.

Under the head of cases in practice, Dr. Oldright mentioned some cases in which severe pulmonary symptoms suddenly developed, and upon examination the urine was found to be highly albuminous. These cases may or may not be associated with a pregnant condition—we should always in pregnant women make enquires about œdema, and if it is present proceed to examine the urine, for the case unless treated may eventuate in eclampsia and death.

Dr. Covernton mentioned a case with a similar train of symptoms, which he had lately seen—not pregnant.

Dr. Reeve brought before the notice of the society a new remedy for dilatation of the pupil—it was prepared synthetically—and was called Hydrobromate of Homotropine. It was used in  $\frac{1}{2}$  to a 2 per cent. solution, and acted quickly—the paralysis of accommodation passing off in 12 to 48 hours—whereas that from atropine remained a week, and duboisia 5 or 6 days.

A general discussion followed upon mydriatics, and especially upon the double action of pilocarpin, which was attributed to its containing two alkaloids, jaborin and pilocarpin, one of which dilated, the other contracted the pupil.

Dr. Davidson then read his paper upon "Fractures of the Femur." After a short introduction he entered upon the predisposing cause of fracture, mentioning syphilis, rickets, cancer, caries, atrophy, &c., and gave a case of multiple fractures from very slight causes. The displacements of the

upper fragment occur easily, and are difficult to reduce and retain—the fragment is drawn up by the contraction of the muscles attached to it, or it is pushed upward by the lower fragment which is acted upon by the larger muscles attached to it. There is also generally an angular displacement outwards—fractures of the lower third are usually transverse.

The treatment is by long splints and weights—short splints encircling the thigh are not often required, and prevent the surgeon ascertaining if the fragments preserve their proper position. In children and restless persons a double long splint is sometimes required.

Shortening to the extent of  $\frac{1}{4}$  inch he considered as evidence of the proper consolidation of the fragments. As a permanent dressing after removal of the long splints, he recommended the gum and chalk bandage, the details of the application of which he gave concisely.

Dr. Oldright remarked, that in regard to the measurements it behoved one to be very careful and have the pelvis straight, illustrating by diagrams the errors one may fall into.

Dr. Workman considered insanity a predisposing cause of fracture, and said that insane patients frequently had fractures, and gave no evidence of pain therefrom.

Dr. Burns said that in taking the measurements in fractures, it was advisable to bear in mind that many men had normally uneven legs.

Dr. Covernton mentioned a case where a medical man was condemned by an intelligent jury to pay a large sum for having one-half inch shortening in a fractured limb, although the shortening made the legs of equal length.

Dr. Cameron asked if the reader had observed hydrarthrosis of the knee as a symptom of fractured femur—it was strongly insisted upon by the French surgeons. Many nervous diseases acted as predisposing causes to fracture—such as insanity, locomotor ataxy, &c.

Other members of the society took part in general discussion, and Dr. Davidson replied to their remarks.

Dr. Burns was announced to read a paper on some new remedies at the next meeting.

The meeting then adjourned.

March 10th, 1881.

The Society met at 8 p. m. Dr. Lett took the

chair. The minutes of the previous meeting were read and adopted.

Dr. Cassidy, Dr. James Baldwin and Dr. McCullough were proposed as members of the society.

Dr. Davidson exhibited a portion of the right ventricle of the heart of a little girl 9 years of age, who while convalescent from scarlet fever died suddenly. The post mortem revealed vegetation growing from the tricuspid valves and a thrombus was found in the left middle cerebral artery near its bifurcation.

Dr. Cameron exhibited specimens from the post mortem examination of an old woman 80 years of age, who died suddenly. Several weeks before death she complained of headache and constipation and was jaundiced. The headache passed away, and she felt well, the constipation and jaundice however persisting. On the day of her death she fell out of bed, but got up and into bed again without assistance, and her intelligence remained unimpaired. In 6 hours she was dead. The body was intensely jaundiced, a large inguinal hernia existed, the sac containing beside a small knuckle of intestine a large portion of omentum through which were scattered hard nodules of malignant nature. The broad ligaments of the uterus contained four or five parovarian cysts of small size, filled with a clear fluid. The liver was largely permeated with cancerous masses; the gall bladder was indistinguishable, the head of the pancreas being with the gall bladder a confused mass of cancer. The brain contained a large clot of blood, situated at the posterior and right side of the cranial cavity. The clot consisted of two distinct portions, one the central and upper, firm, dense and almost decolorized; the under and lower portion was black and softer, evidently of more recent formation; the brain was considerably flattened by pressure.

Dr. Cameron related the details of another case of apoplexy in a man *æt.* 70. He was in his usual health until the morning of his death when he woke up, vomited, and sank into profound unconsciousness; stertorous breathing; pupils neither contracted nor dilated, nor responding to light; the face slightly drawn to the right; the right arm rigid and presenting fibrillary tremor. At the p.m. the left ventricle was distended by a large semifluid black clot. Blood was also suffused along the base, pushing



the brain upwards, all the vessels were torn from their attachments and were rigid with calcareous matter. The dura mater was adherent to the skull, so that it was impossible to remove the brain without great force, and consequent disturbance of the clot. He also gave the clinical details of a third case of apoplexy which occurred to him that week.

Dr. Robinson mentioned a case of atropine poisoning in a child two years of age, who had sucked the cork of a bottle containing atropia sulph. Tr. opii. 2 minims were given every hour and the child recovered.

Dr. Carroll related a case of poisoning by aconite in a child where 30 minims of Tr. aconite were given at 7 a.m., and no symptoms appeared until a second dose at 10 was given, when vomiting, accompanied by alarming symptoms of prostration set in. Large doses of ammonia were given and the child recovered.

Dr. Cameron related a case of poisoning by acetate of lead, of which an unknown quantity was taken by a man with suicidal intent. A prompt emetic was given, and beyond the supervention of some intestinal cramps no harm resulted.

Dr. Burns then read a paper upon "Some New Remedies," in which he considered *grindelia robusta*, *yerba santa*, *chaulmoogra* oil, *nitro-glycerine*, *tonga*, &c. He briefly gave the botanical descriptions, and pharmaceutical preparations, described the best methods of administration and commented upon their behaviour in his hands.

Dr. Oldright asked if there was any limit to the dose of *grindelia robusta*. He had used *chaulmoogra* oil in rheumatic gout with benefit.

Dr. Sheard said that he had seen *chaulmoogra* oil used with great benefit in lupus of the face, and according to Jonathan Hutchinson its action on all tubercular growths was beneficial.

Drs. McPhedran, Cameron, Reeve, and others took part in the discussion. Dr. Burns replied.

It was announced that Dr. Oldright would read a paper at the next meeting upon "Infection and Contagion."

The meeting then adjourned.

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ONTARIO MEDICAL COUNCIL—EXECUTIVE COMMITTEE.

The Executive Committee met March 1st, 1881, in the College Building. Present:—Drs. Bergin,

Husband, Macdonald, Allison, Burns and Edwards. Minutes of last meeting read and confirmed.

Dr. Menzies, who matriculated in McGill College in 1874, requested to be allowed to come up for his primary and final examination in the spring, on paying all fees and producing certificate of matriculation as above.—Granted.

After the reading of some letters from parties, the Matriculation Examination of the Council was discussed, after which it was moved by Dr. Allison, seconded by Dr. Edwards,—“That the subject be referred to the Council.”—Carried.

The matter as to Dr. Sullivan, the Council's Examiner in Surgical Anatomy, and as stated in the Announcement of the Kingston School, teacher of this subject in addition to his other duties, was again taken up, when Dr. Lavell who was present, stated that Dr. Sullivan did not lecture on Surgical Anatomy and that the statement in the Announcement was a mistake. The Committee accepted this statement; the petition regarding Dr. Sullivan was therefore not granted.

It was resolved that all primary candidates who, at the examination of 1880, had passed in three or more subjects, should be allowed for such subjects.—Carried.

Dr. Sinclair, who had been in active practice for 12 years, applied to be allowed to present himself for his professional examination, without having to matriculate.—Granted.

A request from Mr. W. F. Mills to have the 9 months' course in Ann Arbor accepted as a 6 months' course in Ontario, was granted.

It was then moved by Dr. Allison, seconded by Dr. Burns,—That those gentlemen who, in the Matriculation Examination of August, 1880, made 45 per cent. of the aggregate marks, be permitted to register as matriculated medical students from that date, and that the Registrar will please notify the gentlemen affected by this resolution.—Carried.

It was then resolved that the Registrar inform the Candidates who passed on any subject at the Matriculation Examination in August, 1880, that such subject is to be allowed them at the coming examination.

Arrangements were then made for the conduct of the several examinations in Toronto and Kingston respectively, in April next,—which were ordered to be advertised.

## Selected Articles.

### RESECTION OF THE STOMACH.

Dr. S. J. Mixer reports the following in the *Boston Medical Journal* of March 10th.

It is well known that resection of the stomach has, up to the present time, never been successful; but it gives me much pleasure to state that the operation has at last been performed with the most satisfactory results. On January 29th, Professor Billroth, in an operation which I had the advantage of witnessing, removed the pylorus and about one-third of the stomach for carcinoma, and the patient has made a good recovery.

In his public clinical lecture on the 31st, Professor Billroth gave an account of the case, as well as a short history of the operation and the experiments that have led to its successful performance. The substance of this lecture appears in the *Wiener Medizinische Wochenschrift* of February 5th.

The history of the operation is as follows: In 1810 Merrem published a work on this subject, giving the results of his experiments on dogs, two out of three having survived the extirpation of the pylorus and sewing together of stomach and duodenum. In spite of these results, the operation was not attempted on man, and, though surgeons of different nationalities investigated the subject, no material advance was made until Lambert discovered the true method of uniting all wounds of the intestinal tract; namely, apposing the serous surfaces. After this, recovery after sewing up of intestinal wounds became more frequent.

In 1871, Billroth excised a part of the œsophagus in a large dog, the operation being followed by recovery. Czerny first performed this operation on man with good results. This was shortly followed by the experiments of Gussenbauer, Winiwarter, Czerny and Kaiser on resection of different portions of the intestinal tract in dogs. These operations when performed with antiseptic precautions, were very successful, and in one case the whole stomach was removed, and the œsophagus and duodenum united with good result.

In 1877, Billroth operated on a gastric fistula following abscess by opening the abdomen at that point, excising the thickened, adherent edges of the gastric opening, sewing up the wound, and returning the stomach to the abdominal cavity. The patient made a good recovery.

In 1879, Péan, of Paris, first resected the pylorus for carcinoma in a patient who was greatly exhausted by the disease, and who died on the fourth day. Catgut sutures were used.

The present case is that of a woman, forty-three years of age, who had had the usual symptoms pointing to cancer of the stomach for more than a year. The patient was very anæmic and

weak, having been able to retain only very small quantities of sour milk for several weeks. A freely movable tumor could be felt in the epigastrium, through the thin, flaccid abdominal wall lying slightly to the right of the median line.

The operation was performed in the small room always used for large abdominal operations, the temperature being high and the air moist. The stomach was washed out, and a nearly horizontal incision, eight centimeters long, was made over the tumor, which was drawn out through the opening. It was found to involve the pylorus and about one-third of the stomach.

First, the greater, and then the lesser omentum were ligatured and cut through close to the tumor, and the whole stomach being drawn out of the abdominal cavity, was divided, the cut beginning at the lesser curvature and passing through the stomach, one centimeter from the infiltrated portion. The duodenum was incised in like manner, and six trial sutures were passed through the cut surfaces but not tied. It being found that the edges could be easily brought together, the incisions were continued through both stomach and duodenum, and the tumor thus wholly removed.

The oblique wound in the stomach was then sewed up, beginning at the greater curvature, until an opening was left which corresponded in size with the duodenum, which was then stitched into the opening. Lambert's stitch was used throughout, fifty-four carbolized silk sutures being applied.

The stomach was then washed with two per cent. carbolized solution, and the whole returned into the abdominal cavity which was closed in the usual manner. A carbolized gauze dressing was applied, which was not removed until the sixth day. The spray was not used. Hemorrhage throughout the whole operation was very slight, and no blood or fluid was allowed to get into the abdominal cavity, warm carbolized compresses being packed behind the stomach while it was open.

The mass removed measured on the greater curvature fourteen centimeters; the pylorus opening allowed only a large probe to pass.

Since the operation there have been no unfavourable symptoms; no fever, no vomiting, scarcely any pain, in fact, the patient has been much more comfortable than for weeks before the operation. The external wound has entirely healed.

Wine and peptone enemata were given for two days, and since then only wine. By the mouth, only ice for the first twenty-four hours, then milk in small quantities. On the eighth day *bouillon*, with egg, and later, meat and apple *purées*, have been taken without bad effect.

Now, on the fourteenth day, the patient is allowed to sit up, and in a day or two will be able to take meat and other solid food.

The success of this operation marks a great ad-



vance in abdominal surgery, and enlarges still farther the field of the surgeon. The technical difficulties of the operation are not greater than in many other cases; even the difficulties of diagnosis are now much lessened when the abdominal cavity can be opened and its contents examined, with almost no danger to life, and the methods of illuminating and exploring the stomach are being daily more and more perfected.

The operation may not always be successful or applicable to all cases, but it will relieve, even if it does not permanently cure many patients whose sufferings are generally intense, and who have no hope of cure by the means hitherto employed.

#### HYDRATE OF CHLORAL IN TREATMENT OF TETANUS AND PUERPERAL CONVULSIONS.

As far as the indications for treatment are concerned, it matters little whether the former is produced by a rusty nail in the foot, a pistol shot in the hand, or by an incised wound of any part of the body; or whether the latter is due to uremia, anemia, plethora, protracted labor, or to any of the other supposed causes. It is *the violence of the spasm that kills*, and to its mitigation must your efforts be directed if you would save your patients.

In a case of tetanus I administer ten, fifteen, twenty, or thirty grains of chloral, according to the age of the patient, every two, three, four, or five hours, as the severity of the spasm requires, alternated with one-fifth, one-fourth, one-third, one-half, or three-fourths of a grain of morphia by the mouth or hypodermically, and continue it faithfully for days and weeks until the disease begins to decline, when I decrease the dose gradually till the patient no longer requires it.

In puerperal eclampsia, if the patient can swallow, I give thirty grains of chloral by the mouth, and twenty grains more in an hour if the convulsion returns; or if she is unconscious, as is most generally the case, I administer sixty grains per rectum, and repeat the same dose in two hours if necessary. Usually a dram used in this way is all that is necessary to prevent a return of the spasm and to induce a natural and refreshing sleep, from which the patient will awake in five or six hours perfectly rational and safe, and surprised to hear that her labor is over. I use an ounce of sweet milk as a vehicle for the chloral, and inject it into the bowel with a Davidson, Mattison, or any other ordinary syringe.

CASE I.—In February, 1877, G. H., age nineteen, cut his foot with an axe. Ten days after tetanus supervened. I gave him twenty grains of chloral every four or six hours, and one-fourth to three-fourths grain of morphia hypodermically

three or four times daily for a month. He recovered, but with some deformity, which is gradually disappearing.

CASE II.—In July last, R. G., age fourteen, shot himself through the first phalanx of the little finger of right hand. In a few days stiffness of the muscles of mastication appeared, and a few days subsequently he was as rigid as a frozen cadaver. His urine for ten days had to be drawn off with a catheter. During the greater part of his illness he could not cover the bulb of the thermometer in the axilla, so great was the rigidity of the muscles in that region. I gave him ten grains of chloral alternated with one-fifth of a grain of morphia every three to six hours for six weeks. He recovered, but like case first, with some little deformity, which, however is rapidly disappearing.

The cases of eclampsia are as follows:

CASE I.—Mrs. B., age nineteen, primipara, in May, 1878, after an ordinary labor of several hours, with the os fully dilated, was seized with a terrible convulsion. As soon as I could procure it (in ten minutes probably), I threw into the rectum one dram of chloral, sent for the forceps, and delivered her at once. The spasm returning, I repeated the dose, the patient soon fell into a quiet sleep, which lasted six or eight hours, when she awoke to consciousness and to safety.

CASE II.—Mrs. S., age eighteen, primipara, in August, 1879, three hours after delivery by midwife, was attacked by convulsions, which recurred every thirty minutes, and increased in severity with each recurrence for four hours, when I was called to see her. I gave her at once sixty grains of hydrate of chloral by the rectum. Three hours afterward she had another light seizure. She was then given twenty grains by the mouth, after which she slept for six hours, and upon waking expressed great surprise that she was a mother.

CASE III.—Mrs. B., age twenty, primipara, in July, 1880, eight hours after an easy and natural delivery by my friend, Dr. Cannon, was seized by an eclamptic fit. We saw her together about an hour afterward, and found her unconscious with stridulous breathing. We administered per rectum the "regulation" dose—sixty grains of chloral. There was no return of the spasm, and the patient did well.

I wish to say in conclusion, that while I regard chloral as one of our most active and certain remedies, I consider its range of applicability very limited.—*Dr. Easley, in Louisville Medical News, Jan. 8, '80.*

#### "FORT MIT DEM SPRAY!"

Fort mit dem Spray!—Away with the Spray!—is the title of an interesting clinical lecture by Professor von Brun of Tubingen (*Med. Times and*

*Gaz.*) There are now many earnest believers in so-called antiseptic surgery—that is Listerism—who are beginning to ask whether the spray is really a necessary part of a thoroughly antiseptic system of dressing wounds. There can be little doubt that most surgeons would gladly dispense with it if it could be shown to be superfluous, for it materially interferes with their personal comfort, as well as that of any lookers on; then, again, the steam spray-producers are articles of considerable cost, not only to purchase at the outset, but to keep in efficient working order afterward. Nor are they entirely free from the danger attending all other steam-engines; and, lastly, they involve loss of time. Thus for many and varied reasons, though all of very secondary consideration, the suppression of the spray would be a gain, provided a thorough system of antiseptics could be secured without its help. Dr. von Brun recognizes that the use of the spray as the necessary part of any complete system of antiseptic treatment of wounds is allowed by most operating surgeons, whether the spray be carbolic acid, thymol, or other substance; while some go so far as to consider that even a momentary intermittence during an operation is sufficient to nullify an otherwise accurate carrying out of the plan. But he confesses that from the very commencement of the Listerian method he had always felt skeptical as to the value of and necessity for the carbolic spray, and it was only with reluctance he could decide on its systematic use at his operations. He was led, however, to adopt it by the desire to avoid unmerited reproaches for withholding from his clinic what is considered so important, rather than by any belief in the utility of the carbolic spray. On the contrary, his doubts as to the all-sufficiency of the spray had, in the course of time, gradually grown stronger, until, he says, as the result of careful study of the natural science of the subject—and more especially of the work of C. von Nageli, one of the best authorities in this matter—he had come to the conclusion that the employment and need of the spray during operations have not been sufficiently justified; and indeed that its use from a theoretical view must be considered as an unnecessary addition to the antiseptic treatment of wounds. “In proportion,” he tells us, “as this idea gained upon me I endeavoured by experience, and apart from all theory, to test the value or the worthlessness of the spray; and to this end, in the course of the year 1878, I performed a gradually increasing number of operations without the spray, which I published in 1879. Since this time, and especially since the spring of 1879, I have entirely banished the spray producer from my wards, doing both my operations and dressings without it, and experience has confirmed my views entirely. The result of all published major operations, undertaken elsewhere *with* the

spray, and here *without* it, not only as regards mortality, but also course and duration of the healing process, has proved more durable in this than in any other hospital. The results are so substantial that they warrant the following assertion: The carbolic spray in surgical operations is not only useless and unnecessary, but also disagreeable and productive of interruption—it should therefore be abolished.”

Von Brun expresses a consciousness that the above assertion will at the present time be considered very heretical, and he reserves its complete substantiation for a new work on the antiseptic method as practiced in his wards, which will shortly appear. But he now presents the following brief statements, which he considers contain sufficient material proof of the correctness of the first part of the above dictum for his present purpose. For the second part of this dictum, no especial proof will be necessary; for most surgeons who admit that the first part is proved will probably accept the second without further proof.

“Figures,” von Brun says, “will be necessary to prove the correctness of my assertion that the spray can be left off. Therefore, let the works of my clinical wards speak. They are large enough and extend over a sufficient length of time to allow even those who differ from me to accept them. I will only speak of osteotomies of the long bones, exarticulations, resections and amputations. These operations not only form a well-defined group in themselves, and are everywhere carried out under the carbolic spray, but they constitute the class of cases which formerly contributed so large a proportion of the hospital mortality through the so-called wound-diseases—pyæmia, septicæmia and erysipelas. I will just remark further, that *instead* of the spray I employ temporary irrigation—lasting a few seconds only—with a two per cent. and five per cent. carbolic solution several times during any long operation, and at the termination of short operations. In addition to this I wash the whole wound-surface with the five per cent. solution at the completion of the operation; and in the case of amputations, after the drainage-tubes are put in, I wash out the wound through the tubes with the same solution if there should appear to be any bleeding. The same applies to the dressing of wounds after an operation—I simply use a two per cent. solution for irrigation. In all other respects the antiseptic method is most carefully carried out.”

He lays especial weight on changing the dressings as seldom as possible. Thus after amputation, for instance, the first change of dressing, as a rule, is made on the eighth to the twelfth day. In two cases of complete resection of the knee the first dressing was not changed for twenty-eight days, and in two others thirty days elapsed before changing dressing. The following statistics are



given in support of the opinion expressed:—Forty-seven large amputations (limbs), including twelve of the thigh and fifteen small ones (fingers and toes)—in all sixty-two cases; ten osteotomies; twenty-six excisions of joints, including two hip-joints and twelve knees; thirteen resections in the continuity of bone; and thirty-three necrosis operations. Thus there were one hundred and forty-four operations involving bone. Not one of the cases had a fatal result. Many other minor operations were performed in the wards during the same period, but they are not included. Total number of patients in the wards during this period was one thousand one hundred and seventy-five, and the total mortality from all causes was only thirty-six, which gives about three per cent. There was not a single death from pyæmia, septicæmia or erysipelas. These figures certainly ought to be considered sufficient to prove that the spray is not always necessary either during an operation or after-dressings which it may necessitate. "For myself at least," says the learned professor, "and I hope for every one who is not prejudiced, in view of the above facts, there can be no doubt of the inutility of the spray, and I consider myself fully justified in using the dictum at the heading of this lecture—'Fort mit dem Spray!'"—(*Berlin Klin. Woch.*)—*Louisville Med. News.*

#### PLACENTA PRÆVIA.

At a previous meeting of the Medico-Chirurgical Society of Louisville, Ky., a case of placenta prævia having been reported by Dr. Clemens, it was then decided to devote the present session to the discussion of that subject. The case, as stated by Dr. Clemens, is as follows:

I was called to see a woman seven months pregnant with her fifth child. She had been suffering from hemorrhage for two weeks, but had lost no considerable amount of blood until the night before I was called to see her. In the afternoon, some two or three hours before I was called, she had a fearful flow, and was thought to be dying. On examination I found the os dilated to about the size of a silver dollar and the placenta protruding. I sent immediately for ergot, but before it came I had succeeded by artificial means in establishing uterine action, and by introducing two fingers I dilated the os, and as soon as the ergot arrived she was given a drachm of it and I soon succeeded in delivering her. An unfavourable prognosis as to her recovery was given, and I explained to the family the danger of septicæmia from the drain of lochia over the mouths of the vessels where the placenta had been attached. I ordered ergot to be procured and given in case she should suffer an attack of hemorrhage, and viburnum prunifolium for slight hemorrhage, and also McMunn's

elixir to be given night and morning. I repeated the instructions two or three times to a stupid nurse, and placed the bottles separately on the mantelpiece—one at each end and one in the middle. She succeeded in getting them mixed, and gave the ergot two or three times, although there had been no hemorrhage. When I returned the next morning the lochia was arrested, and I was not able to restore it. I believe the imprudent administration of the ergot had much to do in bringing about the fatal result which followed. Without it the drain might have been sufficient to prevent septicæmia.

I detached the placenta as rapidly as possible, as the best means of arresting the hemorrhage.

DR. LARRABEE.—The point of the greatest interest and practical bearing to the physician is this which Dr. Clemens has referred to—the detachment of the placenta. We find, according to statistics, that the mortality under the older management was much higher than at present. In attempting to deliver without this procedure, we have, according to English statistics, a mortality of 33½ per cent. to the mother and 65 per cent. to the children. While after the plan of Simpson, going in boldly and detaching, the mortality is reduced to one in fourteen to the mothers, while the mortality to the children is increased to 69 per cent.

Nægele gives the proportion of the cases occurring in practice as 11 to 600. It is somewhat strange, this being the case, that I have attended four cases at full term, and this winter saw one case at the seventh month, the result being that, out of the four cases at full term, two were lost and two were saved. The last case was saved, of course, and had I sooner seen one of the cases mentioned as fatal, I think I would have saved it. A midwife was in charge for two days, and on the occurrence of hemorrhage a physician was called in, who tamponed the vagina, and upon being recalled, made a hasty visit, prescribed some ergot and left, after which he never could be found at home when wanted. I saw the case at the urgent request of the parties, with the knowledge that another physician had been in attendance. I found the woman in articulo mortis, sitting up in bed with a face as white as marble, there being a pool of blood on the floor. The first thing done was of course to put her in the horizontal position; she gasped several times and finally gained respiration, breathing tolerably well. I placed my hand in the vagina, introduced my finger into the os, and made a partial detachment; then, with a piece of ice as a wedge, completed it and delivered the child, but the woman died as it emerged from the vulva. The other fatal case was lost by reason of the hemorrhage, the woman had suffered for three months, which from her account was excessive. When she came into labor she could not lose, without compromising her life, six ounces

more of blood. She had a fluttering heart when she commenced to have the pains.

The other two cases Dr. Thompson saw with me. Being prepared for these, I took a Davidson's syringe and—using ice-water—Dr. Thompson manipulated the syringe while I directed the nozzle of it, detaching the placenta. As soon as it was delivered the uterus contracted firmly upon my wrist. I met with little difficulty, however, in getting hold of a foot and pulling it down, and at the completion of the delivery the woman had lost but little blood—not so much as the day previous from the dilatation.

In the case delivered at the seventh month, the hemorrhage began at the fourth month, and the bleedings were mistaken for menstrual periods. When I was called I placed her in the horizontal position, and kept her so, using the viburnum three times a day. The hemorrhages however became more severe, and I was called to her one night with profuse hemorrhage, when I found it was not a central attachment, but a flap; I could feel it distinctly. It seemed to have been detached and rolled upon itself. In this case the mother made a good recovery. The child breathed a few times, but died. This mode of using the syringe is not original with me. I read it long ago in Galliard's journal, when it struck me as being sensible, and under similar circumstances I would use it again.

Dr. THOMPSON.—I had one instance of this kind six or seven years ago. The case was one of partial placenta prævia only. The hemorrhage was not very severe, but the discharges after a time had a fetid odor, which induced me to give an unfavourable prognosis. In spite of all efforts to ward it off, puerperal fever set in two days after labor and terminated the case fatally.

Dr. HOLLOWAY.—I must confess I am not posted as to any new plan of treatment of placenta prævia. I have had three cases at nearly full term—the children viable—and I have saved all of the mothers, two of the children being dead before I was called; in the other case, the child at the seventh month, lived three days. My plan has been—I judge from what Dr. Larrabee says—the old plan of introducing my hand and arm, and as soon as possible getting hold of the feet of the child, allowing my hand and arm to act as a plug to prevent hemorrhage until I can get the child down to take its place. With reference to Dr. Larrabee's partial occlusion of the os, I would say we do not call those cases placenta prævia alone, but placenta prævia modified. In these cases it is the simplest thing in the world to pass the hand beside the placenta, and turn the child and deliver. Waiting to detach the placenta, it seems to me, would increase the danger. Again, it is not always that the doctor has an assistant to labour with him. In the partial placenta prævia the plan strikes me as unnecessary, and altogether it shocks me. If

you detach the placenta first you are going to lose the child, and it seems inevitable that just in proportion as it is detached, hemorrhage will be severe; while if it is still attached a little, it offers more hope for the salvation of the child. It appears to me, sirs, that I would pay little attention to new plans of procedure when I found it necessary to put my hand in there to stop the bleeding. It must be a large vagina that my arm will not fill up, and I know they cannot bleed so very much so long as my arm is in there; and so soon as my arm is removed, I take care to have the child substitute it. Professor Williams called me to the country to see a case he had been watching for some time. I advised him to introduce his hand and deliver the child. In doing so he penetrated the placenta, and the woman did not lose enough blood to affect the pulse. I must say I am free to condemn this procedure of waiting to detach the placenta rather than to turn and deliver.

Dr. BAILEY.—There are some questions of interest in the management of these cases of which I would like to speak; the proper time to interfere and whether it is proper to give ergot in cases of this kind at full term. I have my views as to the propriety of administering ergot for the control of hemorrhage in these cases, inasmuch as in the majority of cases relief comes by turning, which manipulation will be somewhat compromised or hindered by the influence of ergot; and moreover, whether by uterine contraction hemorrhage is controlled, or whether it is not rarely increased. The effect of uterine contraction to complete dilatation would be to separate the section of the placenta next to the os, and I see no reason why by each contraction hemorrhage should not be increased. I would hesitate, then, if I had a case of placenta prævia, to administer ergot, because I would expect to have to turn the child and deliver, and I believe that in such cases more can be accomplished without, than with it.

The intention, I think, was first, in this method of detaching the placenta for the purpose of controlling hemorrhage, to remove the placenta by means of that procedure from that portion of the os least covered by it, leaving it attached elsewhere with the view of prolonging the life of the child. I was astonished to hear that the total detachment of the placenta before delivery does not increase the mortality to the children over four per cent. I do not see how it is possible to save 31 per cent. of children where the placenta is brought away before the child.

I would like to speak of one other point, and that is at the present the practice of allowing these cases to go to full term. I know that a practitioner has been criticised by many of the best and ablest practitioners and obstetricians in the city, because he permitted a case to go to full term, and then by plugging the vagina and waiting for dilatation, that



he lost both woman and child. It is held by those who criticised, that the woman ought to have been delivered as soon as the child was viable; and I think myself that the sooner delivery is accomplished after that period is reached, the less the liability to death of the mother. In partial placenta prævia the detachment of the flap causes the hemorrhage to stop, whether labor comes on or not, and that I regard as good practice; but I cannot indorse that practice which would go on to the complete detachment. It is very seldom an attachment completely central will be found, but the edge on one side will be reached soonest. When it is completely central I think it not only possible, but good practice, to go right through it and deliver the child, or detach first and then deliver.

For my part, I do not think the salvation of the child is at all comparable with that of the mother. When it comes to a question between the child and the mother I would have no hesitancy; and if I had a case now of placenta prævia, I would, if possible, conduct it on to such time as the child was viable and then deliver. I would assume that responsibility just as soon as there was a prospect of saving the child, but I would not feel warranted in giving ergot previous to delivery.

DR. SENTENY.—I would like to say a word in reference to the statistics of cases of placenta prævia compared to the whole number of cases of labor. I wish simply to say this: that statistics upon this subject, as upon most others, are, in my judgment, unreliable. I arrive at this conclusion, however, from my own experience. I have been practicing about forty years, and I suppose that in about twenty years of that time I had upon an average fifty obstetric cases per year, and the other twenty, perhaps twenty cases each year, making in all about 1,400, and in all that number of cases I have seen but one of placenta prævia complete. I have seen two others—possibly three—where there was a flap of the placenta covering over the os, but which did not interfere particularly with the result of the case. There was some hemorrhage in this case; though not enough to endanger the life of the child or the mother. In the case of central attachment, both the mother and child died. This occurred, however, in my early practice, when I was a little under the influence of older men, and being called to the case because another physician, who was the family doctor, could not be obtained. The case had gone to nearly full term and the flow was very alarming. I tamponed, as was the practice in those days, and sent for another physician, who had seen a great deal of the obstetric practice. When he came he said I could do nothing but wait. I told him then, what I thought would be the result of waiting. "Well," he said, "you can't do anything but wait." He stayed an hour or two and left. Being called to the case under those circumstances, and not feel-

ing that it was my own case, and having the opinion of this man who had had a great deal of practice, I felt my way hedged in, and I did wait. Labor-pains set in; the head came down and advanced tolerably rapidly, the placenta preceding the head, and both placenta and child were delivered while the woman was yet alive; but she was so much exhausted from the loss of blood that she also died.

Should I have another similar case, I would adopt the expedient spoken of by Dr. Bailey. In speaking of the little value of statistics, I base my opinion wholly upon my own experience; but of course I do not intend to set that up in opposition to that of men who have had perhaps five times as much experience. I am inclined to think, however, that every case where there is partial attachment of the placenta attended by hemorrhage has been called placenta prævia.

DR. CLEMENS.—I wish to say that, in speaking of the treatment of placenta prævia, I had reference only to the case I had in hand at seven months, with an attachment almost central. The woman was thought to be dying when I came. The os was dilated to about the size of a dollar, and it was impossible for me to force my hand and arm in there; and as to the perforation, I do not believe that plan is practicable in even a large per cent. of cases. If it is a central attachment it is exceedingly difficult to go through near the cord, where the membranes are much stronger than elsewhere, and reinforced also by the umbilical vessels. It does not occur to me as being a practical plan, though it may serve in some instances.

I have been impressed with the value of a treatment I saw reported in the proceedings of the Obstetrical Society of Cincinnati. I have forgotten the name of the author of the paper, but he reported most excellent results in two or three cases of placenta prævia by the injection of Monsel's solution of iron, which completely and at once arrested the hemorrhage, and thus enabled him to conduct the cases to a successful termination, both as respects the women and the children. I do not remember whether they were central attachments or not; my impression is that the os was covered, and it struck me as being a valuable method of treatment. I concur in the opinion that the nearer to full term the case can be conducted the better. I do not see how anything can be gained by inducing labor prematurely.

#### TREATMENT OF OBSTINATE MALARIAL ATTACKS.

The case before us is a simple ordinary one of intermittent fever. He has a chill every other day. The fever is, therefore, of tertian type, and, after

the chill, the hot stage lasts two or three hours, and is terminated by sweating. This has been kept up for some time, and will prove what I say, that an attack of intermittent fever in a malarious district is not to be despised. After checking the disease with quinine, the paroxysms will recur, and the treatment will thus often be brought into discredit, unless some few points are borne in mind, as regards the method of administration. Give the quinine at least three hours before the expected paroxysm. Shall we give small doses frequently repeated, or large doses less often? The latter is the true mode. You will then give fifteen grains three hours before the expected paroxysm. I prefer this to the former method, for this reason, which I regard as indisputable: Quinine, though not eliminated from the system with great rapidity, yet is eliminated, and chiefly by the urine. If we were to give it in small doses early in the morning, by afternoon it would be eliminated, and would require to be repeated, and in larger amount, in order to check the paroxysm. Therefore it is more economical, as well as more effective, to give a single large dose, which is also more agreeable to the patient; for I affirm that fifteen grains given at once will give much less distress than one grain every hour until the same amount be taken. Large doses obtund the sensibility of the cerebral centres, while smaller ones cause excitement of the brain and tinnitus.

By giving a single large dose of a gramme of quinine at least four or five hours before the time for the appearance of the expected chill, we break up the paroxysms. What shall we do to prevent their return? We ordinarily hear that the chills are apt to return at septenary periods; but if you will look into the matter you will find that they recur in multiples of the original number. Thus, tertian would return in six days, or if not, then on the ninth, twelfth, fifteenth, eighteenth, or the twenty-first day; and in quotidian they are apt to be manifested in multiples of two. On these critical days, the remedy should be repeated. If we break up the chill to-day, on the day after to-morrow, although he may not have a decided chill, he will have some significant symptoms, that are evidences of systemic disturbance; he will excrete more urine, he may have a diarrhoea, general muscular soreness, or something else indicating the influence of the malarial poison. We must therefore give our quinine again, and repeat it on subsequent days, multiples of the original attack, administered in anticipation of the former hour of the attack. On the morning of the sixth and seventh, the thirteenth and fourteenth, the nineteenth and twentieth and twenty-first days, doses of ten grains shall be given on each of these days.

What else? Do you abandon your patient in the interim? Ten grains of quinine will not be sufficient to relieve a damaged liver, or to reduce

an enlarged spleen; in other words, the condition of chronic malarial poisoning. Treatment must be directed to this object as well as to breaking up the chills, or they will inevitably return. Lugol's solution, in five drop doses, given in water before meals, and Fowler's solution, three drops after meals, always prove most efficient aids. It is best, about the twenty-first day, to give a full antiperiodic dose of quinine for three days, for by this time there is a much greater accumulation of morbid material in the blood than at the other periods named.

Please bear in mind these rules which I have just given you, for you will find that they will stand you in good stead in all these cases of obstinate malarial attacks.—*Dr. Bartholow, in College and Clinical Record.*

### QUACK ADVERTISEMENTS IN RELIGIOUS JOURNALS.

The following is from a recent article on this subject in the *N. Y. Medical Record*:

There is something almost repulsive in the incongruities which the union of religion and patent medicines brings out. Can the mind pass easily from "Helps to Prayer" to "Vinegar Bitters"? Can "Golden Thoughts" retain their ethical value by the side of cancer-cures and "the only genuine kidney cure"? We had become much interested in a tender and pathetic poem of which the first verse was as follows:

"In pastures green not always He  
Who knoweth best in kindness leadeth me  
But——"

and at this moment our eyes fell on the adjacent column: "9,000,000 bottles of this wonderful remedy sold in one year"! or words to that effect. It is revolting to have a tribute to the compassion of our Lord thus cheek by jowl with Congo Balsams and South African Blood-Purifiers and Catarrh Cures!

There pervades through many of the religious journals the woodcut of an ancient lady who sits, *splendide mendax*, over an announcement of a wonderful compound that lifts up the fallen womb and cures all the diseases of women. "Stand fast by the faith" is a beautiful religio-journalistic motto which may apply to more columns than was intended.

How very weak the gospel truths appear when set off by the advertisement of a cancer-cure!

Perhaps we have said enough for the present. We shall have more to say by-and-by. Every week increases the richness of our therapeutical collection from religious literature. It will soon form a little pharmacopœia of itself—a pharmacopœia not hampered by the restraints of scientific method,



but copious in language, magnificent in promises, and as full of ingenious falsehoods as if the Father of Lies himself were pharmacist, author, and rhetorician.

In conclusion we appeal to the clergy to use their influence in checking this abominable practice of advertising nostrums in religious journals, a practice which, we repeat, they cannot but characterize as inconsistent with high morality, injurious to religion, and pernicious in every way. We are glad that some religious journals, notably the *Evangelist* and the *Appeal*, indulge in the practice but mildly, and appear to have a dim consciousness that it is not noble or Christian to bolster up religion with patent medicine lies. As for the clergy and Christian people in general, we feel sure that it only needs a full and frank statement of the facts in order to excite their condemnation of the practice.

#### STRYCHNINE POISONING TREATED SUCCESSFULLY WITH BROMIDE OF POTASSIUM AND CHLORAL.

The following case is reported by Dr. Prideaux, in the London *LANCET*:

On arriving at the house I found the patient, a woman of about fifty years of age, lying upon a mattress on the floor, unable to speak and perfectly rigid, and in a condition of constantly recurring opisthotonos, the convulsions succeeding one another with great rapidity, with all the appearances of acute strychnia poisoning. The pulse was slightly quickened but otherwise fair. As soon as the jaws were relaxed I administered half an ounce of bromide of potassium in solution with one dram of chloral. After a quarter of an hour the spasms began to materially abate, and the muscles relaxed in a marked degree. I then repeated the bromide, and in half an hour there was almost perfect relaxation, with slight spasms recurring at much longer intervals. After remaining with the patient for some time and finding the spasms did not recur in their intensity, we left, leaving another ounce of bromide to be given in divided doses of two drams every four hours during the night.

The next day I visited the patient early in the morning, anxious to know the progress of the case. I found her in a very feeble state, and to my surprise quite unable to raise herself, and able hardly to move a muscle; indeed she seemed like a sheet of wet blotting-paper, and was almost completely paralyzed; her water had run away in great excess, and a large quantity of liquid feces. Her pulse was slow and markedly feeble. She had taken half of the quantity of bromide left. I stopped its administration and ordered strong beef tea and milk, with a little brandy at frequent intervals. On the evening of the same day there was little alteration.

From this time she progressed toward convalescence very slowly and gradually, her recovery being much retarded owing to the inability of her friends to obtain sufficient and proper nourishment. After three days she was able to raise herself, and had regained power over the sphincters, and on the fifth day was able to sit up. She was then removed to the Union House, where she rapidly recovered.

We were shown also an old wineglass with the foot broken off, and told that she had poured out the medicine into this without measuring it, taking nearly or about a full glass, as she said, "to make up for not taking any during the day." I took away the glass, and found it to hold full two ounces and a half.

The woman must have taken, from the size of the glass she used, fully two ounces of the wrong mixture, each ounce containing forty minims of liq. strychnia, P. B.—that is, eighty minims in all—nearly three quarters of a grain of strychnia. I have not been able to find any record of the administration of so large a dose of bromide of potassium, but it appeared to me necessary to give as large a dose as possible, inasmuch as the poison had been in the stomach for a considerable time, and it had all, or nearly all, been absorbed. The symptoms had been increasing in severity, and from their intensity were evidently attaining their maximum, and must have soon produced death by interference with the function of respiration, so that to give smaller divided doses would have been useless. The effect of the first dose was remarkably complete, temporary muscular relaxation occurring in a few minutes, the succeeding convulsions becoming rapidly altered in character.

I believe that the complete muscular paralysis which occurred, and was so slowly recovered from, was owing to the partial abolition of the functions of the spinal cord, caused by the exhibition of the remedy, and was not due to nerve or muscular exhaustion consequent upon the extreme excitation and activity induced by the poison.

**GREATLY IMPROVED DOVER'S POWDER.**—The nauseating effect so frequently produced by Dover's powder is corrected by a preparation introduced by Mr. R. B. Ferguson, pharmacist, of Washington, D.C., which he calls opium and ipecac *lactose* (Walsh's Retrospect). The formula is the same as Dover's powder, except that deodorized opium is used instead of ordinary opium, and sugar of milk is substituted for potassium sulphate. The relation of the lactose to Dover's powder is exactly the same as elixir (or deodorized tincture) of opium with laudanum. This is certainly a great improvement. All that is valuable in Dover's powder is retained, while the nauseating effect and disagreeable taste are both avoided.

## INTRA-CRANIAL TUMOURS.

Dr. Byrom Bramwell (*Edin. Med. Jour.*, Feb.) gives the following report of cases:—

CASE I.—J. W., æt. 5, Feb. 27; his illness commenced three months previously, with headache and vomiting. The vomiting was slight, and only occurred once or twice. The headache was generally frontal, and was worse at night; for some weeks before admission it had been so severe that he had cried the greater part of the night. There had been no fever. He had never had a fit. His parents knew no cause for his illness. Two years before admission he had fallen down stairs, and had injured his head.

His face was somewhat pale, and puffy about the eyelids, but the urine was free from albumen. (It contained some excess of phosphates.) The pupils were equal and dilated. *Sight* was good, but on examining the fundus oculi with the ophthalmoscope marked optic neuritis was seen in both eyes. The *appetite* was voracious. The *pulse* and *temperature* were normal.

The left wrist-joint was swollen, and evidently in a state of scrofulous degeneration. There was, however, no pain, not even tenderness on pressure. The other systems and organs seemed normal. There were no signs of congenital syphilis.

Diagnosing the case as one of intra-cranial tumour, I ordered a mixture containing iodide and bromide of potassium.

After a few days of this treatment the headache disappeared. The patient slept soundly and quietly all night, and seemed quite well.

On 20th March, an internal squint of the right eye appeared. The iodide was increased from 5 to 10 grains.

On 26th March has been very dull and heavy, and has slept a great deal. An antiseptic incision was to day made in the left wrist-joint, and a quantity of thick, cheesy pus evacuated.

On 5th April he had a series of severe epileptiform convulsions. Both sides of the body were affected. He was insensible for three hours. Next day, 6th April, he looked pale and stupid, but was able to walk about and to eat as usual. The squint was less marked, and on 20th April it had disappeared.

For the next two months he remained *in statu quo*, making no complaint, eating voraciously, and sleeping too constantly. He gradually became more and more stupid, his eyesight began to fail, and ophthalmoscopic examination showed that optic atrophy was commencing. All this time the general condition as regards nutrition continued to be good, and there was never, until the final catastrophe, any trace of paralysis.

On the 17th August he vomited several times, and was again seized with convulsions. The attack lasted several hours. When it passed off, the left

arm and left leg were found to be paralyzed. The patient remained in a semi-comatose condition until 21st August, when he died.

The chief post-mortem appearances were as follows:—The scalp and skull-cap and membranes were natural. The convolutions were greatly flattened, the sulci effaced. On cutting into the brain tissue several nodules of new growth were found. The largest, which was fully the size of a pigeon's egg, had completely replaced the anterior part (the head) of the left corpus striatum. Another nodule, about the size of a cherry, was found in the anterior part of the corpus callosum; a third, somewhat smaller, occupied the tip of the left occipital lobe; a fourth and fifth were found in the upper and middle right temporal convolutions.

All the nodules were of a greenish-yellow colour, firm in texture, looking to the naked eye as if they contained a good deal of fibrous tissue. Their borders were well defined, but not encapsuled. None of them were softened in their interior. On microscopical examination they presented the usual appearances.

*Symptomatology.*—It not unfrequently happens that an intra-cranial tumour is found post-mortem, whose presence had never been suspected during life. A notable instance of this occurred in the late Professor John Hughes Bennett (case 2). He died after the operation of lithotomy. At the post-mortem a tumour the size of a hen's egg was found about an inch above the right ear. Had this tumour produced any *characteristic* symptoms, its presence must have been suspected during life by Professor Bennett, who was one of the greatest clinicians of his day. We must conclude, then, that intra-cranial tumours are not necessarily attended by *characteristic symptoms*. In the case of Professor Bennett, the tumour was evidently of very slow growth—probably stationary. It was probably congenital, for the Professor had frequently directed attention to a depression in the skull over the position of the tumour, and had stated that it had existed as long as he could remember—since childhood.

The chief symptoms met with in cases of intra-cranial tumour are:—1. Certain changes in the optic discs (optic neuritis and optic atrophy). 2. Headache. 3. Vomiting. 4. Giddiness. 5. Alterations in the motor nerve supply of muscles (spasms and paralysis). 6. Alterations in the sensory nerve supply to the face, limbs, or trunk. 7. Psychical disturbances or alterations in the mental state. 8. Phosphaturia, a symptom common to this and many other nervous affections. 9. A voracious appetite. According to Drs. Lawson and Bevan Lewis, this symptom often occurs early in the course of the disease, *i.e.*, before hebetude or decided alteration in the mental condition have appeared.

Optic neuritis is met with in the great majority of cases of intra-cranial tumour, and is the most



*important of all the symptoms.* The appearances of the fundus in this condition are well represented in the water-colour drawing which I show you. The disc, you will observe, is much swollen; its edges blurred, and in places effaced; its colour in some parts reddish-gray, in others deep red, and it has a mossy, striated appearance, which is very characteristic. The veins in this case are large and tortuous, the arteries small, and in places invisible. In the immense majority of cases the optic neuritis is double. This rule is not, however, absolute. The important practical fact to remember is, that *double optic neuritis is present in the great majority of cases* (this statement should be qualified by the words, *at some period or other of their course*), and that it is the most important of all the symptoms of inter-cranial tumour.

CASE III.—The patient, a well-nourished, fairly healthy-looking girl, æt. 20, was admitted to this infirmary under my care on January 5th of the present year (1877), complaining of headache, giddiness, and vomiting. She had suffered occasionally for some years past from the same symptoms, but had been able to follow her employment until a short time previous to the date of her admission.

Her tongue was foul; the bowels constipated. There was no apparent organic disease. *Sight was good, for she could read with ease the smallest type.* The case thus far looked a very ordinary one. An ophthalmoscopic examination, however, which showed the presence of double optic neuritis, at once gave a very different complexion to it. My diagnosis was an intra-cranial tumour, and since there was no suspicion of syphilis I ventured to give an utterly unfavorable prognosis.

The patient improved under treatment (rest, ice to the head, and iodide of potassium); in fact, in a few weeks she thought herself quite well, but the very night before she was to leave the hospital she took a convulsion and died. A large tumour had destroyed the greater part of her left frontal lobe.

Optic neuritis, then, is not necessarily attended with any loss of central vision, a fact of the greatest practical importance, for it shows the fallacy of trusting to vision as an index of the condition of the fundus, and teaches the necessity, as Dr. Hughlings Jackson has so repeatedly pointed out, of a *routine use of the ophthalmoscope*. In other words, whenever you have the least reason to suspect intra-cranial disease, as, for example, in a case of persistent or repeated headache, make a careful examination of the fundus.

*Headache.*—I have placed this as the symptom of most importance after double optic neuritis. It is very generally present, and is often the most prominent feature of the case. The character of the pain varies. In some cases it is only slight, with paroxysmal exacerbations. In others the

patient hardly passes a day without the most fearful suffering. In syphilitic cases the pain is generally worse at night. This is not pathognomonic of syphilitic tumours, for in other non-syphilitic cases, as in the case of the boy already reported, the same period of exacerbation may be observed. The pain is sometimes referred to the whole head, at other times it is localized, and in some cases it corresponds more or less exactly to the position of the tumour. In subtentorial (cerebellar) tumours, for example, the pain is usually referred to the back of the head (occiput). When the pain is localized there is often tenderness on percussion over the painful spot.

*Vomiting.*—Next to double optic neuritis and headache, vomiting is the most frequent symptom. The great characteristic of cerebral vomiting is, that it is *purposeless*, i. e., that it occurs without any obvious cause, at irregular intervals and at irregular times, and bears no fixed relationship to the digestion of food or drink. Cerebral vomiting is often (though by no means always) associated with a clean tongue. In many cases it is due to the disturbance of the cerebral circulation which attends any sudden alteration in the position of the patient. Hence it frequently occurs first thing in the morning, when the patient rises from the recumbent position.

HYPOSULPHITE OF SODA IN THE TREATMENT OF DIPHTHERIA.—Dr. Edwin Burd, of Lisbon, Iowa, gives the following as his plan of treatment:

R Sodæ hyposulphitis..... ℥vii j;  
Quinæ sulphatis..... ʒss;  
Spiritus frumenti..... fl.ʒiv. M.

Sig. For a child five years of age, one teaspoonful every four hours, day and night.

R Potassæ chloratis..... ʒij;  
Tinct. ferri chloridi..... fl.ʒij;  
Syr. simplicis..... fl.ʒiv. M.

Sig. Teaspoonful every four hours, day and night.

Insufflations of sulphur to be used several times a day. Food is urged on the little patients in as large quantities as can be digested.

In all cases where the above treatment has been strictly carried out from the start the result has been surprising. The spread of the exudation is at once arrested, and prostration does not ensue. The fetor of the breath also soon leaves, and the patient soon becomes bright and cheerful. If applied as soon as the first signs of exudation appear, the whole process seems to end right here, and in a few days the patient is well, with no unpleasant sequelæ.—*Med. and Surg. Reporter.*

MR. LISTER ON THE CATGUT LIGATURE.—(*Med. Press and Circular*). The effect produced on catgut by a one-in-twenty water solution of carbolic acid is greater than that by carbolized oil; hence by blending the two the best result is obtained, and a most admirable preparing-fluid is formed. The mixture which finally made the catgut to answer all the requirements named, and to produce these in so short a time as forty-eight hours, consists of chromic acid, one part, pure distilled water, four thousand parts, pure phenol (carbolic acid), two hundred parts. The amount of catgut introduced into the mixture should equal in weight the chromic acid employed, and at the end of forty-eight hours it ought to be removed, dried, and kept in carbolized oil, one to five. The quality of the catgut is necessarily to some extent dependent upon the sheep from which it has been obtained. The intestines ought to be fresh, and it is wise to procure the supply from a maker in whom implicit trust can be placed. When in store the ligatures should be kept well coiled, to insure that they will not give in the wound, the tension to which they are subjected while stored being regulated to insure that this shall not take place. Catgut of common size prepared as thus recommended should stand a strain of about thirteen pounds. A portion, two and two thirds one-hundredths of an inch in diameter, when tested broke under thirteen pounds six ounces. Was then steeped for half an hour in serum at 98°F., and at the end of that time, being again tested, it bore eleven pounds four ounces before giving. Mr. Lister expressed his conviction that the catgut in a wound does not undergo chemical solution, but that actual *absorption* of it occurred in the same way as non-putrid bony sequestra are absorbed. The time usually occupied in the process of absorption is about twenty-one days. Erosion first begins about fourteen days after the introduction of the ligature, and in proof he exhibited a ligature removed at the end of ten days, on which no action had been exerted. He also showed the carotid artery of a calf, on which it had first been demonstrated that the catgut ligature is replaced by organized tissue. Mr. Lister concluded his exhaustive and admirable address by protesting against the misrepresentation which made him appear to declare that the catgut ligature in a wound becomes actually revitalized. He had never been guilty of such an absurdity, but asserted only that living tissue replaces the catgut as absorption advances.—*Lou. Med. News*.

INJECTION OF MORPHINE AND ATROPIA BEFORE CHLOROFORM INHALATION.—Dr. Roberts Bartholow, in the Cartright Lectures, (*New York Med. Jour.*), says *Chloroform certainly should not be administered*, under ordinary circumstances at least, without the preliminary injection of morphia and atropia. A sudden death from paralysis of the

heart in a case of ether narcosis which happened in London last month, ought to warn us in regard to the fancied security against cardiac paralysis from ether inhalation, which Schiff especially has inculcated. We ought to recognize the fact that the condition of anæsthetic sleep is a condition of danger which is merely relative in respect to the agent used, and employ antagonists to the fatal tendency—paralysis of heart or lungs. The antagonist on which, it appears, much dependence may fairly be placed, is the subcutaneous injection of morphia and atropia. The danger which attends the administration of chloral may be to a large extent averted by the simultaneous prescription of atropia, as some recent cases of accident unequivocally show. I several years ago demonstrated in a paper read before the Neurological Society of New York, that while morphia and bromide of potassium intensified the effects of chloral in every way, atropia antagonized the effects of the heart, and would thus apparently save life after lethal doses. I then also called attention to the danger of the combination of chloral and potassium bromide as a poison to the heart, which the subsequent experiments of Husemann and abundant clinical experience have since confirmed.

CONIUM IN BRONCHIAL CATARRH.—Dr. Barnes' *Brit. Med. Jour.* gives the following:—Being dissatisfied with the results obtained from the ordinary routine remedies for this complaint, so prevalent during our inclement and variable English winters, it seemed to me that, from what had been investigated of the properties of conium maculatum, that drug presented a feasible inducement for trial in this complaint. Conium is by no means a new therapeutic agent in bronchial catarrh, as it is mentioned in connection with affections of the "arteria trachea" by Galen, who himself also quotes from Andromachus and Criton. In modern times, its properties have been exhaustively investigated by Guttman, Kölliker, Harley, and others. It has been used extensively, with more or less success, in the treatment of chorea.

It has been especially pointed out that the succus is the only preparation of constant properties, and, therefore, the only reliable criterion for reference as to its action. It may not seem altogether superfluous to explain here, inasmuch as the term catarrh is somewhat ambiguous, that simple excessive activity of function of the mucous membrane is here spoken of, and not those structural changes denoted by the term bronchitis.

I have administered the succus in small doses, from fifteen to twenty minims, every four hours or oftener, according to the age, sex, etc., in forty or fifty instances; in all, save two, the treatment was entirely successful, about two days of treatment usually effecting a cure. The cases in question were those in which irritation of the tracheo-bron-



chial mucous membrane was the one salient feature following the antecedent exposure to cold or draught; for, where pyrexia and general malaise obtained, conium did not seem to be of much service for colds. In a few cases of chronic bronchitis, associated with emphysema, where it was administered, conium did not appear to be of any appreciable utility in diminishing cough.

Conium probably acts in these cases through the sedative action on the nervous centres, in connection with the respiratory tract, of one of its derivatives, methylconia.

**TREATMENT OF COUGH IN BRONCHITIS AND PHTHISIS.**—Dr. T. Lauder Brunton says, (*Lancet* Jan., 1881), that as coughing is a reflex act, excited by irritation applied to a sensory nerve and reacting through a nerve-centre upon the respiratory muscles, it is obvious that it may be lessened either by removing the source of irritation or by diminishing the excitability of the nervous mechanism through which it acts. Both methods are employed in medicine. One of the commonest is that of lessening irritation by the use of glutinous and saccharine substances. These probably act by soothing that part of the irritation which is situated about the root of the tongue and the fauces, thus relieving the cough, though the irritation in the bronchial tubes or lung may remain as before. The power of substances to relieve cough, depends, no doubt, to a great extent either on their covering the inflamed and irritated surface directly with a mucilaginous coat and thus protecting it from the action of the air, or from irritation by other substances passing over it, or by exciting an increased flow of saliva or mucus, which has the same effect. Sedatives, as opium, hyoscyamus, and chloroform, have a certain amount of local action on the peripheral ends of sensory nerves and lessen their sensibility to impressions. This action, though slight, is increased when they are given to a mucilaginous vehicle. Of course there is also a less direct action through absorption by the stomach.

When the source of irritation is in the afferent nerves of the bronchi or of the lung itself, mucilaginous and sedative drinks are of course useless. Here vapor of conium or hydrocyanic acid tends to lessen irritability. Other inhalations, as of spray of ipecac and essential oils and terebinthinate substances, alter the nutrition of the mucous membrane in such a way as to diminish the irritation which the abnormal condition of the membrane exerts upon the nerves. In laryngeal phthisis local applications with a brush or by blowing powders directly on the diseased surface are the best means. A useful application is a powder of one-sixth grain of morphia to two grains of starch. This mixture is placed in a tube and blown down the throat at the moment the patient takes a deep

inspiration. The following prescription of Dr. Warburton Begbie, is analyzed by Dr. Brunton:—

℞ Liq. morphiæ hydrochlorat.,  
Acidi hydrocyanici,  
Chloroformi, aa Mxviii;  
Spiritus chloroformi,  
Acidi nitrici dil., aa f3j;  
Glycerinæ, f3ij;  
Infus. cascarillæ  
(seu infus. quassia), f3ij.—M.

A sixth part to be taken three or four times a day.

Here the sedatives—morphia, hydrocyanic acid, and chloroform—tend to lessen the excitability of the respiratory centre; the glycerine tends to retain the sedatives in longer contact with the throat, and acts also to some extent as a nutrient; and the nitric acid and bitter are supposed to have a tonic effect on the stomach. In what way this tonic effect is produced we cannot at present say; but we will imagine that they will in some way partially counteract the effect of the congestion which the cough produces, and, exciting appetite, will counteract the influence of the morphia. Nitric acid has also, as Dr. Brunton points out, a definite effect on the secretions of the lungs themselves. Considering those drugs which tend to lessen congestion, Dr. Brunton mentions digitalis, and gives the following prescription from Beasley, as used by Sir A. Crichton:—

℞ Succ. limonis, f3ss;  
Potassii carbonat. ad saturand.;  
Decoct. sarsaparillæ, f3x;  
Tinct. digitalis, Mx ad xxx;  
Mucilag. acaciæ, f3x.—M.

To be taken every sixth hour. The tincture of digitalis here tends to contract the vessels, diminish pulmonary congestion, and lessen cough. The potash renders the pulmonary secretion more fluid and abundant. Warm food, as beef tea, Dr. Brunton says, is a good expectorant, as also is cod-liver oil. Ice, hydrocyanic acid and alum are recommended in the vomiting of phthisis.

**MEDICAL ATTENDANCE ON THE POOR.**—The London *Lancet* has the following very sensible remarks:—There is a very comfortable doctrine abroad that doctors are at everybody's service in an emergency, and that they are bound to rise from their beds and go to a distant alley to save a life or ease a pain, without the least prospect of recompense. But is such mercy to be shown only by doctors? Why does not the public share with doctors the cost and the credit of such service? It is society's duty, not that of any single profession, to see that no human creature, however poor, dies without medical aid. A country like this should make provision for the emergencies of its poor, and not throw the whole onus on the much enduring and little paid members of our profession.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAILLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, APRIL 1, 1881.

## QUACKERY AND THE RELIGIOUS PRESS.

Religious journals are more eagerly sought after by the advertisers of patent medicines than any any other class of newspapers. The reason for this is obvious: they have a stronger hold upon the confidence of their readers, and are supposed to be guided by a higher ethical standard than ordinary newspapers. They are also supposed to have a higher object than mere financial success, so that the appearance in their columns of a quack medicine, is *prima facie* evidence to the majority of ordinary readers, that the remedy is endorsed or recommended by the editor as a reliable remedy for the disease or diseases for which it professes to be a certain cure, and is not advertised merely for the sake of the money derived for the space occupied. It is a notorious fact, therefore, that the religious journals are the most powerful allies of the quack nostrum vendors, in this country. The public are becoming slowly aroused to the importance of this fact, and require but to have their attention more specially called to the evils of quack advertising in religious journals. A series of very excellent articles upon this subject have appeared in recent numbers of the *N. Y. Medical Record*, one of which will be found in another column. These articles have had the effect of arousing some of the religious journals in the United States to a sense of their responsibility in this respect. One of these, the *Christian Register*, of Boston, comes nobly to the front in denouncing the wicked practices of many of its contemporaries. As the *Register* does not publish

any quack advertisements, it has a right to be heard, and this is what it says:

"One can hardly take up a single number of the denominational journals without finding that the order and decency which reign in the editorial columns seem to be wholly neglected in the advertising department. We have heard an experienced advertising agent say that the publisher of a prominent weekly religious journal would take absolutely anything in the way of an advertisement, without regard to quality, so long as it was paid for, and amusing instances are related of his willingness to oblige advertisers by taking pay "in kind." This laxity of taste and judgment is most strikingly revealed in the case of quack medicines. They flood the columns of the religious press. They are displayed in conspicuous type, and illustrated by ridiculous and disgusting travesties of the engravers art. If we sought for a basis of agreement among the religious papers, we should find it not in the panaceas which they offer for the soul, but in those which they unite in offering for the body. The same advertisement runs through a host of journals. Whatever be the "ologies" or "isms" that these papers stand for, they come together in delightful brotherhood concerning the virtues of a specific for the liver, or the properties of some unfailing cathartic. This beautiful catholicity loses something of its charm when we remember that every paper is paid a round sum for circulating these sentiments."

We commend this extract to the tender consciences of the editors of some of our religious journals in Canada. The evil is just as great on this side of the line as on the other. Our religious journals teem with advertisements of consumption cures, cancer cures, liver pads, female regulators, famelines, spermatorrhines, etc., *ad nauseam*, many of them bolstered up by flattering testimonials from clerical gentlemen. Can anything be more humiliating, or more inimical to the advancement of truth and righteousness among the people, than the continual propagation of falsehood by those very journals whose sacred office should be the dissemination of truth? No well educated and intelligent person can read over the glowing announcements of some of these great "curealls," without coming to the conclusion that they contain many exaggerations and falsehoods which to ordinary mortals might pass for truth, and more



especially because they may have read them in a religious journal. Is it therefore christian-like, that for the sake of "filthy lucre," the editors of religious papers should become the instruments through which the patent medicine vendors may not only deplete the purses, but also in many instances, imperil the constitution of those who are accustomed to look to them for spiritual and temporal advice? We conclude by entering our emphatic protest against the advertisement of quack nostrums in religious journals, and hope to be sustained in our action by the voice of public opinion, and the good sense and christian spirit of a certain class of religious journals.

#### INCREASED REPRESENTATION IN THE ONTARIO MEDICAL COUNCIL.

At the meeting of the Ontario Medical Council in July last, a resolution moved by Dr. Bray of Chatham, and seconded by Dr. Logan of Ottawa, was adopted, to the effect: "That it is expedient in view of the increased, and increasing number of Teaching Bodies in this Province, who send members to this Council, that a change in the Act should be made, and that a Committee be appointed whose duty it shall be thoroughly to enquire into the matter, and report at the next meeting of the Council, with a view of making a change in Section 6 of the Medical Act. The following gentlemen were appointed on the Special Committee. The President, (Dr. Allison,) Drs. Bergin, Geikie, Lavell, Wright, Mostyn, Macdonald and the mover and seconder. This committee met in pursuance of notice, in this city, on the 1st ult. In the absence of the mover, Dr. Bray, Dr. Logan explained the object and scope of the resolution. After discussion, Dr. Macdonald moved, and Dr. Lavell seconded the following resolution: "That it is not advisable, to increase the number of representatives of the Medical Council."

It was moved in amendment by Dr. Geikie, seconded by Dr. Mostyn: That in the opinion of this Committee, it is not desirable that Colleges or Bodies other than those which actually teach, or examine and confer degrees in medicine, should send representatives to the Council. Also that it is expedient to increase the number of Territorial Representatives in the Council to the extent of the

number of seats formerly filled by the representatives of the body lately known as Eclectics." The amendment was lost.

In connection with the proceedings of this special Committee, the mover of the resolution which was carried, gave amongst other reasons, why in his opinion it was not desirable to increase the number of Territorial Representatives—while he opposed the exclusion of those sent by Colleges, even although such Bodies might neither teach medicine nor examine for degrees—that the Territorial Representatives in the Council, were disposed as a class to be aggressive, while representatives from the Bodies referred to were generally in the habit of taking a more conservative course in any matter coming up. He suggested the possibility of grouping certain bodies which are now represented singly, apparently forgetting that just as he reduced the numbers of the class whose views he most approves, the power of the "aggressive" Territorial members would increase.

The Medical Council is the representative body of the medical profession, and has, in the public interest, the control of medical education, and it is folly to draw distinctions, where none should in reality exist. The outside profession desires to have the curriculum laid down by the Council, a wise one in all respects, and both the profession and the public wish to have it thorough. To secure these essential results, the cordial co-operation of the profession and the schools are required—the profession taking a pride in the efficiency of our Ontario medical schools, and giving them every possible encouragement, while the schools will in return do their best to deserve the highly prized confidence.

Nothing can be more reasonable than that the general profession should have a few more responsible representatives in the Council, and without enlarging it very greatly a few more seats could be readily filled in this way, with great advantage to the public, to the profession and to the Council. On the other hand nothing is less reasonable than to have the Council filled with representatives of Bodies, which, however useful, and even indispensable as far as general education is concerned, have yet no interest in medical education, as they neither teach nor examine in medicine, and would suffer no wrong if not represented on the Medical Council.

## LUNATIC ASYLUM REPORTS.

We have before us the Annual Reports for 1880 of the New Brunswick Asylum, St. John, by Dr. Steeves, and the London (Ontario) Asylum by Dr. Bucke, medical superintendents respectively.

In the New Brunswick Asylum there have been under treatment during the year 409 patients. Of these 50 were discharged cured; 17 improved; 5 unimproved; and 25 died, leaving 312 in the Asylum on the 31st October, 1880. Dr. Steeves in his report says the past year has been characterized by substantial work and steady progress in the accomplishment of the main objects of the Institution. A larger number of patients than in any previous year has been under care and treatment, and with results generally satisfactory. The number of recoveries was more than the average; the mortuary list was comparatively small, and the health of the household was unusually good.

So fine a summer as the past, has seldom, if ever, been observed in St. John. On this account the patients were much out of doors, and thus escaped the consequences of indoor congregation and inertia during the usually unhealthy season.

In the London Asylum, there have been under treatment during the year 902 patients; of these 67 were discharged, 43 died, and 7 eloped. The number of patients discharged as recovered or improved was 58 or 36.2 per cent of the admissions. The death rate for the year was 4.76, which is less than last year. A large number of repairs and improvements were made in the asylum during the year, and more are recommended in the report. The plan of having separate buildings something on the cottage plan for violent cases, those of filthy habits, &c., has, notwithstanding the adverse opinion of experts, proved a success so far as carried out in this asylum. Dr. Bucke says that he is firmly persuaded that a still further division of an asylum into buildings under separate roofs, than is here practised, might be adopted with great advantage, and that many of the problems in asylum construction may be solved by the abolition of the large single building, and the use of a number of smaller buildings in its place. Some of the advantages of the latter system would be, more perfect isolation of one class of patients from all other classes, and the greater facility of systematic classification of patients; greater facility for lighting the

buildings; better ventilation without fans and steam power than can be had with these in a very large building, and consequently better health of the patients, a lower death rate, and less cost of construction. To construct an asylum for a thousand patients, he would have it composed of not less than ten or twelve separate buildings, the largest to contain not more than two hundred patients, and the smallest between fifty and a hundred. All these buildings, as well as the houses for the medical staff and bursar, the store, sewing room, shops, chapel, etc., should be heated from a central boiler house, which would also supply steam for the one laundry and the four or five kitchens which would be required. Close to the engine house would be placed the motor for generating electricity to light the grounds, roads, and all the buildings. Beside it, or in connection with it, would be the engines for supplying the institution with water for domestic and fire purposes. On the plan thus briefly indicated, an asylum could be constructed at once cheaper to build, cheaper to maintain, and more adapted to the end in view, than any of the existing institutions in this country.

## PROFESSIONAL CARDS.

Since the issue of the article in the CANADA LANCET on "Qualified Quacks," we have received a large number of professional cards of all kinds, clipped from town and country newspapers. Some of these are very modest, containing only the name and address of the physician, his office hours, etc.; while others are much more pretentious, setting forth the eminent qualifications of the learned and experienced practitioner, or the number of specialties in the treatment of which he excels—as disease of the heart, liver, lungs, skin, women, etc. Nor does this species of advertising obtain only with the junior members of the profession, who may be excused for taking some method of letting their presence in a town or city be known; but many, who have been years in practice, are the greatest transgressors in this respect.

*A priori*, it may be said that there can be no objection to the use of mere professional cards, but if so, where is the line to be drawn? Shall the practitioner be allowed to give his name, titles and address only? or shall he be permitted to



state the specialties which he has adopted, and if so, how many? Seriously, practitioners do sometimes make themselves appear ridiculous in the eyes of the profession and the public, by assuming an air of greatness, and a superior knowledge in the treatment of a number of diseases for which they are no better qualified than their fellow-practitioners. We again commend to their notice and to all who have an itching for cheap notoriety, the following extract from the Code of Medical Ethics adopted by the Canada Medical Association:—

Art. 1, Sec. 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

We are glad to be able to say, that notwithstanding the dereliction of a few recalcitrant members of the profession, the Code is very well observed in Canada, and that neither professional cards nor any other method of advertising is resorted to by our best physicians in town or country.

ONTARIO MEDICAL COUNCIL MATRICULATION.—We are not surprised to see that the final settlement of the difficulties connected with the Matriculation Examination has been left to the Council. These difficulties might never, indeed should never, have been created, and had the intermediate examination with Latin been simply adhered to it would have been ample, and carried out with no trouble. We trust the Council will see this and carry it out without losing much precious time in discussion.

To give the primary candidates of 1880 credit for any three or more subjects passed at that time, is only fair, because it places them on a par with those coming up at the ensuing examination.

The Committee has ordered the registration of all students who made in August, 1880, at the Matriculation Examination, 45 per cent. of the aggregate marks. This gives relief to some 34

students, whose standing may be judged of by the fact, which we had taken the pains to verify by examination of the official figures, that 33 of the 34 obtained close upon 50 per cent. and upwards in English; 33 of the 34 obtained 33⅓ per cent. and upwards in Mathematics; only 5 of the 34 are under 30 per cent. in Latin, and only 1 under 30 per cent. in Optional work—surely this speaks volumes.

The Committee did by this resolution only an act of justice which should have been done six months ago, and thus have enabled many of the students who have lost the entire winter, to pursue their studies.

KINGSTON MEDICAL EXAMINATIONS.—The following gentlemen have successfully passed the examinations of Queen's University. Finals, without an oral—W. J. Gibson, J. S. Magurn (equal); B. Wallace. E. Oldham, J. F. Oshea, J. M. Dupuis, F. R. Alexander, A. W. Kerrington, J. H. Betts, D. Johnston. With an oral—R. D. Coughlan, D. H. Rogers, B. J. McConnell, T. J. Symmington, S. H. Snider, John Jamieson and John McDowell.

Primaries, without an oral—R. W. Garrott, J. M. Stewart, D. B. Rutherford, A. P. Cornell, G. H. Denike, C. E. Jarvis. With an oral—R. S. Anglin, A. D. Cameron, C. C. Clancy, L. Davis, C. F. Fry, A. J. Grange, Jno. A. Hamilton, A. A. Mordy and C. G. McCammon. Those who passed without an oral are given in order of merit; the others are not.

RESTORING THE HEART'S ACTION.—Dr. J. C. Reid, *Brit. Med. Journal*, relates a vivisection experiment of his college days. He had killed a mouse by a blow upon the head, and opened the thorax in order to see the heart beat. It did not beat until he pricked it with a needle and set it agoing. A second prick temporarily revived the pulsations when they ceased. He also cites two cases, one occurring in his own practice and one in his father's, in which the heart's action had ceased entirely, and the patients were thought to be dead, but the action of the heart was restored by means of a douche of hot water, a stream being allowed to fall upon the præcordium from a height of several feet.

## COLLEGE OF PHYSICIANS AND SURGEONS, QUE.

—The semi-annual meeting of the Quebec Medical Board, will be held in Montreal on the 11th of May. Candidates for examination or for License, must send in their papers accompanied with the fee for the license, \$20, at least ten days previous to the meeting.

The preliminary examination for admission to the study of medicine, will be held on the 23rd of September next. The fee for this examination is \$10, which should be sent to either of the Secretaries, Dr. A. G. Belleau, Quebec, or Dr. F. W. Campbell, Montreal, at least ten days previous to the examination.

TREATMENT OF CYSTITIS.—Much difficulty is sometimes experienced in the treatment of this affection. Dr. A. J. C. Skene of Brooklyn gives the following which he regards as almost specific in its influence, especially in the earlier stages, affording rapid and lasting relief:

℞ Acidi Benzoici.  
Sodii Biboratis aa grs x.  
Inf. Buchu ʒij —M.

Sig.—This quantity to be taken three or four times a day. The diet should also be carefully regulated and the skin and bowels kept in an active condition.

FOR THE ANÆMIA OF CHLOROSIS.—The following is highly recommended by Dr. Thomas of New York in the treatment of anæmia of chlorosis:

℞. Ferri vini amari.....ʒvijss  
Tinct. nucis vomicæ .....ʒiv  
Liq. potass. arsenit .....ʒij—M.

Sig.—A dessertspoonful in a glassful of water after each meal.

In addition to this he advises general tonic treatment and the observance of good hygiene.

## SUSPENSION OF U. S. MEDICAL COLLEGES.—

The notorious Dr. Buchanan has made a full confession of his misdeeds, and the misdeeds of others, since his incarceration, and has given the authorities a clue to many diploma vendors in the United States. As a result of the *exposé* the charters of the Livingstone Medical University of Charleston, Va., and the New England University of Arts and Sciences, of Boston, have been repealed.

WALNUT LEAVES IN DIPHTHERIA.—Among the many remedies that are being constantly brought to the front in the treatment of this affection, may be mentioned a decoction of the leaves of the black walnut (*Juglans nigra*). Dr. Curtis, of St. Mary's Hospital, Quincy, Ill., U. S., has made trial of this treatment for some time past, and reports the results in an article in the *Boston Med. Jour.*, March 10, 1881. He was led to the use of walnut leaves from the fact that they were highly recommended by M. Nelaton, in the treatment of malignant pustule. His success in the cases of diphtheria, in which he has used it, warrants a further trial of the remedy.

REMOVAL OF RETAINED PLACENTA.—In cases of early abortion, retention of the placenta is very common, and, if not removed, serious trouble may sometimes occur. Dr. Reiler, in the *Pittsburgh Medical Journal*, recommends the following method of removal: He places the patient on the left side and introduces Sims' speculum. He then seizes the posterior lip of the os with a vulsellum forceps and brings it into view. He then separates the placental attachment with a curette, seizes the mass with a pair of toothed forceps, and with rotation and gentle traction withdraws it entire.

BIRDS OF A FEATHER, ETC.—We observe from the Belleville papers that Dr. S. L. Nash, formerly of Picton, has joined hands with M. H. Williams, M.D., of Detroit "Institoot" notoriety. These travelling gentry have established a "Branch Office"—"Throat and Lung Institoot" in Belleville, where all and sundry afflicted persons may be speedily cured of every ailment. Consultation free, and prices within the reach of all. "Write for list of questions" and "Medical Treatise," and address Drs. Williams & Nash, Dafoe House, Belleville, Ont.

TRIBASIC PHOSPHATE OF SILVER IN NERVOUS DISEASES.—This salt of silver has been used recently with marked success in the treatment of inveterate epilepsy, locomotor ataxia, acute myelitis, &c. Dr. McLane Hamilton, of New York, states that a persistent use of this remedy will do more for the patient than any of the drugs hitherto used. The dose is from  $\frac{1}{3}$  to  $\frac{1}{2}$  a grain, given in glycerine and water.



SIMPLE CONTINUED FEVER. —Dr. Fothergill of London, England, gives great prominence to the following formula for the treatment of simple continued fever. It is especially indicated where there is great cerebral disturbance. He says it will probably constitute, *par excellence*, the fever mixture of the future :

R. Acid. Hydrobrom..... $\zeta$ i.  
Syr. Simp..... $\zeta$ ij.  
Aq..... $\zeta$ j.—M  
Sig.—To be taken every hour.

BELLEVUE MEDICAL COLLEGE.—We learn with deep regret that the Bellevue Hospital Medical College has been obliged to return to the old requirements for graduation instead of the requirements of three year's attendance, in force during the session of 1880-81. The signal failure of this popular school to maintain for a longer period than one term, an advanced standard of medical education, is a bad omen as regards the future improvement of medical education in the United States.

HEALTH LEGISLATION.—The speech delivered in the Senate by Hon. Dr. Brouse, on public health, referred to in the LANCET for March, is published in full in the *Canada Health Journal* for March, 1881. Persons wishing copies may obtain them by addressing the editor of that journal.

#### DR. MOSTYN.

We regret to announce the death, by drowning, of Dr. Wm Mostyn, of Almonte, Ont., ex-M.P.P., and member of the Medical Council of Ontario. He and a companion were returning from Appleton in a skiff, when the accident occurred through the upsetting of the boat. Dr. Mostyn was a graduate of Queen's University, and has been in practice since 1858. He served in the Ontario Medical Council from 1869 to 1872, and was elected again in June last to serve a term of five years. He was a member of the Provincial Government preceding the present. His loss will be greatly deplored in the community in which he resided. His death causes a vacancy in the Ontario Medical Council.

APPOINTMENTS.—David H. Muir, Esq., M. D., of Truro, N. S., has been appointed a member of the Provincial Medical Board.

Dr. Webb, of Waterloo, has been appointed Physician to the Waterloo County Poor House, *vice* Dr. Walden, resigned.

It is rumoured that Dr. Lafferty, of Pembroke, has been appointed General Medical Superintendent of the Canadian Pacific Railway.

Dr. J. W. Mount has been appointed physician to the Montreal gaol.

#### Books and Pamphlets.

THE POPULAR SCIENCE MONTHLY FOR APRIL, 1881.

The April number of "The Popular Science Monthly," contains fifteen articles of an interesting and instructive character, and several of them of great practical value. Herbert Spencer opens the number with the sixth paper on "The Development of Political Institutions," in which he discusses the subject of "Political Heads," or the causes and conditions that determine the concentration of authority in power in chiefs, kings, etc. Dr. Felix L. Oswald continues his common-sense treatment of the subject of "Physical Education" in an article on "Out-door Life." He claims, and with reason, that as a natural preventive of disease nothing equals active exercise in the open air; and for respiratory ailments especially, it is superior to anything else as a curative agent. "Some Notes on a Doctor's Liability," by Oliver E. Lyman, is a discussion of the legal responsibilities of physicians, which, in these days of frequent prosecutions for malpractice, both patients and doctors will do well to read.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College, etc. Fifth edition, revised and largely re-written. 8vo. pp. 1150. Philadelphia: Henry C. Lea's Son & Co. 1881. Toronto: Willing & Williamson. Cloth, \$5 50; leather, \$6 50; half-Russia, \$7.

The author, in the preparation of the present edition, has relinquished a large share of the work of revision, and especially the pathological portions of it, to Dr. Wm. H. Welch, lecturer on Pathological Histology in the Bellevue Hospital Medical College. He also states in his preface that he "has not been influenced by any sense of obligation to maintain consistency of views with the

previous editions of this treatise, or with other works which he has written," and that whenever statements are found to vary from those made at a prior date, it is because that from enlarged knowledge they seem to him no longer tenable. Dr. Welch has performed his part of the work well, as a careful perusal of the first seven chapters will show. Though strongly biased in favor of the teachings of Cohnheim, he does not accept the *ipse dixit* of that illustrious teacher. He is cautious not to commit himself to the doctrine of a *contagium vivum*, although seemingly inclined in that direction. In the second part of the work a new section has been added on the diseases of the hematopoietic system; nervous affections have been based on their anatomical relations instead of upon their symptomatology as formerly, and several diseases are treated of which were omitted in former editions. The new edition of this standard work will be cordially received by the profession in America, as it is not only a thoroughly scientific work, but also a pre-eminently practical one.

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F.R.C.S., Surgeon to Guy's Hospital, London. Third American, from the third revised and enlarged English edition. Edited by John B. Roberts, A.M., M.D., Philadelphia. Large 8vo., pp. 1005, with 735 illustrations. Philadelphia: Henry C. Lea's Son & Co. Toronto: Willing & Williamson. Cloth, \$6 50; leather, \$7 50; half-Russia, \$8.

It is not long since this admirable text-book on surgery was noticed in these columns. The present edition has undergone several important improvements; much new matter has been added, and several errors corrected. It is a work which has made for itself more than a mere passing reputation, and the present edition will be eagerly sought after by those who know its value as a reliable guide to the surgeon. We cordially recommend the work.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M.D., Prof. of Diseases of the Skin in the Hospital of the University of Pennsylvania. Second edition, revised and enlarged. 8vo. pp. 644. Philadelphia: J. B. Lippincott & Co. 1881. Toronto: Hart & Rawlinson. Cloth, \$6.

Dr. Duhring's work on skin diseases is favorably

known to the profession, both in Canada and the United States, and the present edition bears out the high character of the previous volume. New matter has been liberally added, and will be found on almost every page, and every effort has been made to present the subject of Dermatology in the light of the latest researches. This specialty has grown so rapidly within the past few years that revised editions are frequently demanded. The volume before us is well worthy of the support of the profession.

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OZCENA CURED BY ODOFORM.—Dr. George Leetzel (*Algem. Med. Central. Zeitung*, June 5th, 1880) was induced to use iodoform in ozcena by the favorable results which followed its use in otorrhœa. He used a powder consisting of 2 parts of iodoform and 10 parts of pulverized gum arabic. This is used as a snuff, being drawn into the nostrils from three to six times a day. In the six cases treated by this method the results were exceedingly favourably. Two cases, which had lasted for months, and in which every means which could be thought of had been tried without any benefit, were completely cured within ten or fourteen days. The other four cases, which were less severe, were cured in from six to eight days. Before using the powder, Dr. Letzel cleanses the nose as thoroughly as possible with the nasal douche, and removes all scabs by means of the ear-scoop, so as to allow the powder to come directly in contact with the mucous membrane. With reference to the unpleasant smell of the iodoform, he says that it is at least, less disagreeable than the odour caused by the ozcena itself. This treatment commends itself for its simplicity; but it should be mentioned in using the nasal douche, that Dr. Roosa, of New York, and others have found that, unless very great precautions are observed, it is liable to lead to deafness. Dr. Lennox Browne, who is attached to a hospital where both throat and nasal and ear diseases are treated, states that he has frequently observed this result. Browne on *Diseases of the Throat*, pp. 65 and 166. —W. C. D., in *Virginia Med. Monthly*.

REMOVAL OF THE VAGUS WITH A CERVICAL TUMOR—CURE.—Professor Lü (*Chl. f. Chir.*, 1880, No. 36) reports the following case. A woman whose sister had died with lymphoma malignum of the neck applied for relief from a tumor, oval in shape, rather hard, movable, and situated in the right submaxillary region. It was removed without difficulty, and the wound healed by first intention. On examination of the tumor by Professor Recklinghausen, it was pronounced a



hyaline cancrroid, connected with but not implicating the salivary gland.

About two years later the patient again applied for treatment, the disease having returned in the cicatrix and also under the right sterno-mastoid. There was no functional disturbance; the patient's health was fair. The smaller tumor in the scar was removed with some difficulty, being found to lie more deeply than appeared from its growth externally. There was much venous hemorrhage. The new, larger tumor was laid bare by an incision along the edge of the muscle, which was closely connected with it. On cutting this above and below, the carotid was found separable from the tumor, but the latter had grown completely around the jugular vein and the vagus. The vein was close to the upper border of the clavicle and above the tumor and with a portion of the vagus twelve centimetres (four inches) in length.

No noteworthy alteration in respiration and pulse occurred at the moment of section. The wounds healed rapidly. Five months later the patient showed easily excited but otherwise normal respiration. The right arm was slightly weaker than the left, and the shoulder could be raised with difficulty. The right side of the neck was flattened; the pulsations of the carotid could be felt along the whole course of the scar. Pressure on the latter, particularly at the upper and lower stump of the muscle, aroused fits of coughing. There was suspicious hardness in the submaxillary scar, but no positive return to the growth. The right side of the face, particularly about the cheeks, showed a hypertrophic condition, most likely the result of the ligature and removal of the common jugular vein.—*Med. Times.*

**THE POWER OF THE PRESS.**—The returns so far received for *Hubbard's Newspaper Directory of the World*, to be published early in 1881, by H. P. Hubbard, New Haven, Conn., indicate that the papers and magazines published in the world are divided about as follows:—United States, 9,600; Germany, 5,000; Great Britain, 3,000; France, 2,500; South America, 1,150; Italy, 1,000; Austria, 1,000; Australia and Pacific Islands, 1,000; Spain, 950; Russia, 650; Canada, 540; Switzerland, 500; Sweden, 350; China and India, 300; Denmark, 350; Japan, 250; Norway, 250; Portugal, 250; Africa, 230; Mexico and West India, 150; Turkey, 70. Total, 29,040. This list will probably be increased slightly, so that the aggregate will not fall far short of 30,000. Of this number over 15,000 are printed in the English language.

**DIFFERENTIAL DIAGNOSIS OF GASTRIC ULCER AND CANCER.**—Trousseau says on this subject, "Should the supposed cancerous tumor not be accessible to investigation, as in the case to which

I have just alluded, there remains a valuable diagnostic sign which I must indicate to you. This sign, to which over fifteen years ago, I first called the attention of the profession, consists in the appearance of a *venous thrombosis*. When you are in doubt as to the nature of a gastric disorder, and are hesitating between a chronic gastritis, a simple ulcer and a cancer, a *phlegmiasa alba* of the lower or the upper extremity will put an end to your indecision, and it will be allowable for you to assert positively the existence of a cancer.—*Pacific Med. Journal.*

**TREATMENT OF SUB-INVOLUTION OF THE UTERUS.**—Dr. Braithwaite has had excellent results from a plan first made known to him by Dr. Wynn Williams. A delicate whalebone applicator, armed with cotton, is dipped into a mixture of equal parts of iodine, iodide of potassium, and alcohol, and carried up to the fundus where it is allowed to remain for a few moments. The introduction is facilitated by passing a sound beforehand. Strong muscular contraction at once occurs, unless there is endometritis, in which case the affection of the endometrium should first be subdued by the use of ordinary tincture of iodine or carbolic acid. This strong solution of iodine seldom has to be applied more than three or four times, as it causes a speedy reduction of the size of the uterus.—*Ob. Jour. Gr. Brit. and Ire.*—*N. Y. Med. Jour.*

**HOW TO COVER THE ODOR OF IODOFORM.**—Several methods have been proposed, the following of which, according to *New Remedies*, are the best. 1. Tannin mixed with the iodoform in equal parts. 2. Oil of peppermint in the proportion of a drop to every drachm. 3. Lavender water and eau de cologne have been recommended, but are not so effectual as the peppermint. 4. Balsam of Peru, 3 parts; iodoform, 1 part; vaseline, 8 parts; or, in place of the latter, alcohol, collodion, or even glycerin. 5. Oil of sweet almonds added in equal quantity to the iodoform. 6. Oil of bitter almonds. One or other of the first two methods is probably to be preferred.—*British Medical Journal*, vol. ii., 1880, p. 692.

## Births, Marriages and Deaths.

On the 26th of February, at Parrsboro, N. S., Henry B. Forman, M. D., aged 69 years.

At Brockville, on the 13th ult., Wm. B. Malloch, M. D., aged 36 years.

In Montreal, on the 24th of February, Robert F. Godfrey, M. D., aged 30 years.

\* \* \* The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.

# THE CANADA LANCET,

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## Original Communications.

### GYMNASTICS OF THE BRAIN.

BY J. A. GRANT, M.D., M.R.C.P., ETC., LOND., OTTAWA.

Read before the Canada Medical Association in Ottawa,  
September, 1880.

GENTLEMEN,—In presenting this subject for the consideration of the Association, I feel satisfied that no more important topic could occupy the attention of medical science, than that which closely concerns the welfare of society, and promotes in the most comprehensive sense, the "*mens sana in corpore sano*." Mental hygiene and physical hygiene are inseparably connected, and a few observations at present may not be out of place in regard to the essential balance of mind and body, and the application of a few ordinary principles to the present system of education. The physical well being of the pupils in our schools should be as carefully guarded as the acquirement of knowledge. Year after year our educational system is becoming more complicated, and even the so-called common school course is quite academic in character, and more than an ordinary test of strength to the young brains, in their plastic state, budding forth to the supposed stage of practical usefulness. While acknowledging the rapid increase in the required subjects of study, branch after branch being yearly added, we must not overlook the very tree of life and the processes requiring such close attention to obviate the inroads of disease which soon sap vitality and ruin the prospects of the brightest specimens of intellect in the incipient stage of development. The mental and physical well being of the pupils should advance equally, otherwise growth in either case, will become, in a measure, one-sided. While approaching the subject I am fully aware that it is dangerous ground, still, as a matter of public duty, it may not be out

of place to advert briefly to a few points respecting which it is important all classes of the community should alike have full information. The point to which I first wish to direct attention is "the brain of youth." The problem, and one of the most difficult and trying of the age in which we live, is, how to build the best brains out of the materials placed at our disposal. Education or educated evolution certainly has considerable to do with the development of mental power. The building of a brain is a social problem of more than ordinary interest to every family circle. Mothers particularly have to do with it, and teachers are desirous of drawing out innate power in its various forms, just as varied and peculiar as the phases of the human countenance. The brain the chief part of the nervous system, must be built up in keeping with the development of the whole body, the one depending greatly on the other in order to arrive at the greatest degree of power and perfection, either as to organization of structure or performance of function. Dr. Maudsley, in his Gulstonian lectures for 1870, says:—"The time has come when the immediate business which lies before anyone who would advance our knowledge of mind unquestionably is a clear and searching scrutiny of the bodily conditions, of its manifestations in health and disease; he must recognize how entirely the integrity of the mental functions depends on the bodily organization, in fact, must acknowledge the unity of mind and body." The brain, the seat of the mind, possesses a mechanism peculiar in itself, and a power diversified in character, presenting various phases and peculiarities, throughout the highest order of intellectual development in the *genus homo*. In the crude and almost rudimentary state of cerebral pulp, soft, pliant and undecided in cerebral type, as to inherent mental power or capacity, more than ordinary care must be observed in suddenly straining the structure nature has put in the cranial cavity. The drawing out process embraced in the true education must be conducted with care, caution, and more than ordinary guidance and observation. It is here that mental hygiene operates, embracing as it does all that relates to development, exercise and the maintenance of mental activity—in fact, education in the most comprehensive sense. The brain may be considered a central telegraphic office, constantly distributing



messages to every part of the system, and in order to attain success in the working of the complicated nervous machinery, it is absolutely necessary to know something of the physiological principles involved in the promotion of a single thought or idea. It is a well known fact that the growth, training and employment of the young, aid in the building up of a brain. On this basis Dr. Brown Sequard proposed the systematic training of the left hand in children, in order to develop the right side power of the brain equal to the left. It is a fact that it is necessary, for the building of a powerful brain, that all the bodily organs should take their part. Brain labour or exercise in the work of the school, now termed cerebration, is the problem which to-day is occupying the attention of close observers in the path of intellectual development. Taking into consideration the pliant character of young brain tissue in the very midst of the formative process of thought and ideality, the degree of exercise to the point of mental strain must be guarded most carefully and patiently. As the normal performance of a function strengthens and develops the organ itself, so the brain becomes similarly influenced. Here student life comes in, with its advantages and disadvantages, and in order to attain the highest degree of intellectual development, reason, rather than cramming is likely to bring about the desired object. While brain tissue is in the elementary stage, let elementary education be the pabulum of thought. As Huxley has remarked, "freshness and vigor of youth must be maintained in mind as well as body." The more closely we examine the subject of mental hygiene, the more closely it partakes of the common-sense principles how best to educate and train to achieve the greatest degree of culture, embracing all the interests of man in his varied relations of life. To accomplish these desired results an important question arises: At what age should children be admitted to school? In the consideration of this point the peculiarities of brain structure require at least a passing notice. Fat, phosphorus and water are important factors in the elimination of brain power. In the infant the chief mass of the brain is soft and uniform, with smooth ventricles and a few convolutions. In the adult we find much better defined brain substance, with elaborate ventricles and more numerous convolutions, less regular in character. In the infant the peripheric nerves are

larger in proportion than the nervous centres, excepting the sympathetic ganglia. The head of the new born in fact is one-fourth the length of the body and one-fifth the weight, and all the parts of the body have their most rapid growth within the first three years of life. Between the fifth and sixth years the base of the brain grows rapidly. The interior of the brain at this age also gives evidence of rapid growth. The receptive faculties here obtain power and at this stage the foundation of education should be commenced slowly, gradually and cautiously, great care being bestowed to become acquainted with the innate peculiarities of the childish brain, while being stamped with the first thoughtful impressions. From all the information on this subject, the seventh year is considered as the period for the commencement of regular mental work, not however to strain the brain, but rather to bring about regular and gradual training of this intricate structure, having so many functions and taking so very important a part in the growth of the body. The brain is said to digest more than even the stomach in a sense, and certainly it governs largely the digestive process, and on that account how careful the teacher must be, in observing the growth and vigor of youth, so necessary in the formative process of thought, the bases of the common sense principles of education. It is a well known fact that children sent to school too young, are more liable to the various diseases of childhood. Irregular temperature, defective muscular exercise, and tight lacing, are powerful factors in the development of disease. Improper position, inclining to one side or the other while studying at the ordinary desk, frequently results in spinal deformity. How often it is the case that children failing in health, when subjected to a skilled examination, are found to have a high shoulder and curved spine, all of which had been permitted to pass unnoticed until advanced and seated as structural disease. During school life, the points for close examination are numerous, and too great care cannot be taken in guiding the tiny structures of those frames, which afford such comfort in the home circle, and in time take their part in the intellectual development of national power and future greatness. To correct such difficulties and strengthen such sets of muscles as give evidence of failing power, McLaren, of Oxford, has established a gymnasium, upon the entry of which a

close and careful examination is made and a systematic method of training is adopted, sufficient to meet the growing requirements of the system. Glasgow University has also its gymnasium, and although not compulsory, its necessity is daily attracting closer enquiry. McGill College is also adopting the same principle. The gymnastics of brain or body should not conflict with each other, and in the growth and development of power the results to be achieved will certainly be greater than by cramming, under a system of hot house vegetation, through which both physical and intellectual vigor become warped, and practical usefulness for the varied spheres of life considerably lessened. Hospital statistics point out that the principal mortality in children has passed between the seventh and eighth year, which strengthens the argument very considerably, as to the best time to enter school. Parents should not be anxious to convert schools into nurseries, and this point, I feel assured has not escaped the attention of those under whose immediate supervision the whole subject of school life is placed in our Dominion. To the ordinary observer, it must be apparent that the period between childhood and boyhood is one surrounded by constant anxiety and requiring more than ordinary care and watchfulness. For children under seven years of age the great proportion of the teaching should be conducted or conveyed as play; not as a play upon words, but a play in the development process of germinal intellectual power. It is in these years of childhood that education should not in any way conflict with health. Short hours of study, vigorous digestion, kept up by ample physical exercise, will assuredly bring about better results than the over-stimulation of young people, by competitive examinations inducing a degree of mental high pressure, which may make bright pupils in childhood; first in every class; laden with prizes, but oftentimes sapped as to the requisite physical power for the varied callings of after-life. Those who require to live by muscular power chiefly, must develop the power early. In the cultivation of brain power, direction should, as soon as possible, be given to the practical usefulness of the future. Thus preserved, child power, in time, becomes good man power, and in the march of intellectual progress afford strength and endurance to the future of our Dominion. In an address before the State Medical

Society of New York, Dr. Agnew draws attention to the increasing prevalence of asthenopic, refractive, and neurotic difficulties among scholars at the present day. These diseases, he considers, are growing rapidly in schools, colleges and other centres of civilization. In both England and Germany, we have ample evidence of the same. The question arises how are such diseases to be most judiciously guarded against? By careful scientific inspection, and the rigid enforcement of personal and local sanitation. Defective school architecture has much to do with bringing about defects of vision through unequal expansion and contraction of the pupils. Hence the importance of the proper adjustment of light in the school-room. To correct such difficulties, we are fortunate in having a city medical inspector, and the importance of such inspection cannot be over-estimated in carrying out efficiently the best working of our educational institutions. Dr. Cohn, of Breslau, examined the eyes of 10,000 school children and found that in various degrees there was a rapidly-increasing near-sightedness, and in some of the highest classes the near-sighted students were nearly 60 per cent. of the scholars. From these facts it is quite evident medical men have an important duty to perform outside of the privilege of curing disease, if possible, once it has been developed. Thus we observe the absolute necessity of proper sanitary inspection, to stay the evils now on the increase, chiefly through an over-taxation of nerve tissue and nerve power, not in keeping with the physiological principles inculcated at the present day. From various sources, it is quite evident that within a few years lung diseases are on the increase in school children, and, in many instances, may be attributed to overcrowding and long and exhausting confinement in a vitiated atmosphere. The lofty ceilings of our new school houses are evidence of progress, but proper ventilation must be carried to such ceilings, otherwise they will become receptacles for foul air, to vitiate the entire atmosphere of the room. Fresh air is about the most important food of the system, and no where more than during school life should there be a proper and well regulated supply. It is a well known fact that every individual poisons fifteen cubic feet of air every hour, in consequence of which thirty cubic feet should be supplied every hour. If we desire to stay the progress of epidemic diseases,



there should be every effort made to limit the number of pupils to the area of class room accommodations. Well might Dr. Thomas, Rochester remark at the Medical Society meeting in June, 1876 that "Education was not in all instances the unmistakable blessing which it seemed to be, for it became necessary to acquire it at too great a risk," and, under such circumstances, he recommended that every school district should have a competent and well paid medical director, who should devote himself thoroughly and conscientiously to the many hygienic duties of the position. It is impossible to over-estimate the importance of this subject which at present is engaging the attention of public men in every country. Dr. Bowditch in his address at the International Medical Congress, Philadelphia, 1876, stated that over 200,000 persons are annually slaughtered in the United States by preventable diseases. What the death rate in the school children of the Dominion may be, or in those of the Province of Ontario, now numbering 496,000, between the ages of five and sixteen years, I could not offer an estimate. From personal observation, I fear that the cramming system of the present day is not likely to produce a generation equal to the one now passing away. The most useless individuals in society are those who know everything and can do nothing. Our country is rapidly developing and we require workers; workers not converted into drones, by excessive ill-directed application in the buoyant period of youth. Let our education be directed towards the object in view, surrounded by the principles of common sense, and the outcome will be more lasting, the results more practical, and the rising generation one quite able to grapple with the varied emergencies of certainly a trying age.

### INTESTINAL OCCLUSION FROM INVAGINATION.

By Dr. CARLOS LANCEUS. SAN JOSE DE FLORES. Translated from the Revista Medico-Quirurgica of Buenos Ayres.

BY JOSEPH WORKMAN, M.D., TORONTO.

N. N., of Argentino, unmarried, aged 30 years, of nervo-bilious temperament, and feeble constitution, sought the medical services of Dr. Iturrios, on 28th November, 1880. She was suffering under gastro-intestinal disorder of inflammatory character, from which, under appropriate treatment

she rapidly recovered; but on 8th December, new and far more intense symptoms presented; she had lost appetite, the tongue was loaded, thirst insatiable, nausea supervened, followed by vomitings, during one of which a round and painful tumour was found in the lower part of the abdomen, on the right side. Her aspect was grave and characteristic; it was anxious, and the features were altered, the eyes sunken, the nose sharp, the lips discolored. The bowels did not move spontaneously, nor by enemas, no gases were expelled, and she became tympanitic, especially in the umbilical region; the pulse was frequent, the temperature normal.

Being called conjointly with Dr. Iturrios to see the patient, our diagnosis was an *intestinal occlusion*, and we formed the corresponding grave prognosis. Among the numerous treatments advised in such cases, we decided on opium in large doses in the form of powder, some simple enemas and purgatives, very spare diet, and the greatest possible quietude. Our object was to paralyze the peristaltic movement of the intestines, from the fear of producing a greater occlusion by their disturbance, and with the hope that their relaxation would favour the disappearance of the obstacle; the enemas used stimulated the intestine below it, thus concurring in the desired object. The results corresponded to our hopes. The general symptoms notably improved in the days following; the aspect of the patient became more satisfactory, the anxiety diminished, the pulse was less frequent, the vomiting ceased, the tumour decreased, she had several trifling stools and escape of gases; and diminution of the tympanitis took place.

On 15th December there was an abundant evacuation of blood, mixed with stercoraceous matter. The tumour took on a considerable volume, equal to a foetal head near full gestation; syncope and all the phenomena of profound anemia supervened; the state of the patient was most grave. We persisted in the use of the opium, and ordered ice by the mouth, and externally on the abdomen.

Dr. Aguisse was called in, and he agreed with our views. The general condition of the patient improved; stools of faecal matter of recent formation, mixed with blood coagula in a state of decomposition, were passed. The tumour decreased much in volume, and finally disappeared on 26th December; in one of the stools a considerable

portion of the small intestine, with its corresponding mesentery, had been discharged. All the threatening symptoms disappeared, and but for the debility consequent on the severity of the sufferings, the patient might be said to be in perfect health; she began to feed well, the bowels acted regularly, and no untoward occurrence took place.

2. Intestinal occlusion constitutes a pathological group perfectly characterized, since, notwithstanding its primary anatomical diversities (as, ileus, volvulus, invagination, &c.,) its symptomatic expression is uniform, always manifesting itself by an assemblage of identical, or very similar phenomena. Our patient presented that complete and grave picture which corresponds to this disease: tumour, pain, constipation, meteorism, vomitings, alteration of the features, and apyrexia. We consequently diagnosed intestinal occlusion, without deciding on the nature of the obstacle, which is always difficult to fix on, and many times impossible, since there are no established rules regarding it.

At a later period, (*mas adelante*), by following up attentively the march of this case, and keeping in view the circumstances which might guide us in its appreciation, we thought it possible to speak exactly of its cause and location. The sudden appearance of the tumour, its situation in the right iliac region, between the umbilicus and the cæcum, the usual selection of a *volvulus*, the intensity of the symptoms, the initial rapidity in the progress of the disease, and the total failure of ventral evacuations, made us suspect at the outset that we had in hand this sort of occlusion; but its slower progression afterwards, the remission in the symptoms, the re-establishment, though very incomplete, of the current of matter in the intestines, the appearance of fæces of recent formation, which necessitated the belief that they had found their way past the tumour, the discharges of blood which subsequently took place without any other consequence than a profound anemia, the bilious non-fæcaloid vomitings, &c., induced us to give the opinion that our case was one of *invagination* of the small intestine, causing an incomplete occlusion.

3. The evolution of the case, although apparently capricious, followed the logical course, continuous and regular, presenting a complete catenation of all the phenomena from its origin to its

termination. The primitive inflammatory irritation of the intestines, disturbing their peristaltic movements, determined inverted undulations; both these came into action, and working in a certain manner conjointly, they produced the invagination, with the appearance of tumour, and that group of symptoms corresponding, which we have described. The serous covering of the juxtaposed middle and internal coats of the invaginating intestine, became secondarily inflamed, and being favoured, without doubt, by the distension of the mesenteric vessels, the parts became adherent and fixed, by means of the free fibrinous exudate proper to these adhesive inflammations; intussusception did not augment, and, though very imperfectly, the digestive tube permitted the forwarding of its contents. But the continued compression of the mesenteric vessels produced necrosis of the invaginated cylinder; it separated in one of its extremities, at the point of constriction, and the opened vessels gave out the hemorrhage. The blood not having ready exit, being detained between the folds of the intestine, distended it, (? above) and hence the considerable enlargement of the tumour. The inferior extremity was probably the first to be separated and in its descent the invaginated cylinder unfolding, constituted a tube contained in the invaginating intestine, which though encircled by sanguineous coagula, permitted the passage of fæcal matter.

Ten days afterwards the separation was completed, and the intestine was eliminated; the previous adhesions had prevented the discontinuity of the digestive tube and the leakage into the peritoneal cavity, with its fatal consequences.

The spontaneous work of nature, favoured by a rational medication which paralyzed, as far as possible, the intestinal movements, had produced this termination, and N. N. at present, though with a *yard* less of digestive and absorbing apparatus, is found to be completely re-established.

4. Dr. Iturrios had the goodness to send me the anatomo-pathological piece, which I now possess, converted into a dry preparation, the description of which is as follows:—The intestine is in a good state, with all its tunics almost in totality. In one of the extremities, the latest separated, there is a partial failure of the peritoneum and the mucous coat; the muscular and cellular elements are found dissociated. The existing portion of



the mesentery is sound; it is furrowed by dilated veins, which, from their transparency are clearly seen. Its greater length, from the point of section to its insertion in the smaller curvature of the intestine is 7 centimetres ( $2\frac{3}{4}$  in.) The length of intestine, following the greater curvature, is 85 centimetres (nearly 34 inches). In one of its extremities it presents two small sacs or dilatations, with varicose veins; in the other it shows a sort of bridle, formed at the expense of the intestinal wall, and which has been certainly the last link of union of the dead intestine to the living parts.

We have been induced to publish these notes, from the fact of our not having met with, in the books specially treating of the subject, any cases analogous in their proportions to that now described, and we are assured by physicians who have visited the principal museums of Europe, that the specimens there seen are much smaller than ours is."

**Note**, by Translator—

**Query?**—Would it be very uncharitable to suppose that the diagnosis of "*intestinal occlusion*" was more evident on 26th of December than on the 8th? If not, why was recourse had to enemas and purgatives? Was it to "paralyze" the peristaltic movement of the intestines that these were added to the opium? Rather a double-edged sort of treatment.

## A BRIEF CONSIDERATION OF TWENTY CASES OF FOREIGN BODIES IN THE EYES.

BY H. AUGUSTUS WILSON, M.D., PHILADELPHIA.

Ophthalmic and Aural Surgeon to St. Mary's Hospital, Lecturer on Ophthalmology and Otology, and on Fracture Dressings, at the Philadelphia School of Anatomy.

My clinic being situated in a densely populated and manufacturing district of this city, has afforded me an excellent opportunity for studying this class of affections, and in reviewing the cases that have been treated in that institution, I will divide them into simple, caustics, gunshot, and sympathetic ophthalmia from foreign bodies.

### I. SIMPLE CASES.

There were two cases with pieces of coal, two cases with emery, and eight cases with pieces of iron filings or clippings lodged in the exterior of the eye. Of these 12 cases it was found upon

close examination that in 9 instances the foreign body was more or less firmly imbedded in the cornea; in the other three cases they were found lodged in the upper cul-de-sac formed by the ocular and palpebral layers of the conjunctiva.

To remove the intruder from the cornea is often most tedious, and frequently a dangerous procedure, and especially is this the case where the matter is brittle, and comes away a little at a time. The method I have adopted at my clinic is to stand behind the patient, who is seated in rather a low chair, and facing the light. An assistant, by means of a large convex lens whose focussing point is about five inches, concentrates the light upon the point where the foreign body is lodged. I then proceed to the removal by the use of the little gouge or spud.

Mr. Snowden, the surgical instrument maker of the city, has made at my suggestion the compact little instrument which is shown in the accompanying cut. It is composed of a hollow handle of ivory about four inches long, into one end of which fits, by means of a screw, the gouge or spud, while in the opposite end there is a spoon, a modified Gross' eye and ear instrument, convenient for removing foreign matter from the nose or ear. This little arrangement may be carried in the pocket case, and be in readiness for use. Its employment will obviate the necessity of resorting to points of knives, match sticks or other means which are calculated to do irreparable injury unless the patient is under perfect control, and it is rarely the case that he is so.

Having removed all traces of the foreign body, and the case should not be abandoned until this is accomplished, the eye will ordinarily need but little further treatment than a mild collyrium of

$\mathcal{R}$  Zinci Sulphatis ..... gr. i.

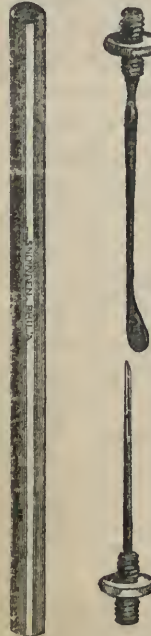
Aqua Rosæ ..... ℥. i.

a few drops to be applied to the eye four or five times daily.

### II. CAUSTICS.

*Cases with hot cinders in the eyes.*

Two cases were treated who were struck in the



eyes with hot cinders. In both cases the conjunctiva was badly burned, and the removal of the cinders was rendered most difficult on account of the almost unbearable pain. The treatment adopted after removal was,

R Plumbi acetatis.....grs. ii.

Vaseline . . . . . $\frac{3}{4}$  iss.

applied to the eye every four hours.

The use of acetate of lead in ophthalmic surgery should be limited to acute cases where its use will be continued for but a few days, a week at the utmost. It has been settled beyond question that the long continued application of lead salts will cause a white smoky film to be deposited upon the epithelial layer of the cornea. What this film is, is still a question shadowed with doubt, many believing it to be due to inflammatory deposits, for it certainly resembles the hazy condition found in and after keratitis. Others believe it to be due to an absorption and deposition of the lead in a very fine state of subdivision. Instead of spending time in trying to solve this question, which solution would be of but slight practical value, let us rather accept the fact and avoid what might be considered sufficient grounds upon which to base a suit for mal-practice.

*A case with sulphuric acid in the eye.*

One case with sulphuric acid in the eye was seen immediately after the accident, and was treated by washing the eye freely with the following:

R Sodii bicarb .....grs. x.

Aqua destil..... $\frac{3}{4}$  i.

The alkaline solution quickly neutralized the acid and prevented further destruction. The eye was now freely bathed with tepid water which had a most soothing effect upon the patient.

One case of lime\* in the eye was caused by a stone splashing into a bed of mortar which spattered some into the face and eye of our little patient. The mother quickly washed out all that could be seen, but as the child was still suffering great pain, she was brought at once to the hospital. Upon a hasty glance anyone would say that all the lime had been removed, but my invariable rule to *evert the lids in all such cases* caused me to resort to this procedure in this case, and it

was fortunate that I did so, for lodged there in the upper cul-de-sac was found a mass about the size of a pea, the major part of which was speedily removed by the foreign body spoon. The eye was then bathed in weak vinegar to neutralize the alkali; the relief afforded to the patient in this case by the removal of the lime was most marked. In all three of these cases a severe conjunctivitis followed, which was controlled in the course of a few days by the use of my favourite astringent for such cases.

R Acidi Tannici.....grs. x.

Glycerinæ..... $\frac{3}{4}$  i.

used three times daily in two drop doses applied to the everted lids.

III. GUN SHOT INJURIES.

*A case with gun powder in the eye.*

In the one case of gunpowder in the cornea and ocular conjunctiva about an hour of patient and persevering labor was spent in removing all and even the slightest specs, which if allowed to remain would have caused spots of blue discoloration which could never have been removed. The further treatment was soothing applications to control the threatened inflammation. I employed

R Aqua Camphoræ..... $\frac{3}{4}$  i.

Aqua Rosæ ..... $\frac{3}{4}$  i.

to be applied on a small piece of linen.

*Case of wound of cornea by a piece of percussion cap.*

The toy pistols which American boys are allowed to play with, for no other purpose that I know of than to render them more familiar with the use of the larger implements of death, contributed one case. A piece of the percussion cap passed partly through the cornea and lodged in the anterior chamber. This was readily removed by the careful use of forceps. Severe iritis followed, which was controlled by the hourly instillation of two drops of

R Duboisia Sulphatis.....grs. ii.

Aqua Rosæ ..... $\frac{3}{4}$  i.

which had the effect of quickly dilating the pupil. The wound in the cornea healed kindly, but there remains an ugly scar in the lower and middle quadrant of the cornea, fortunately away from the pupil, and in addition traumatic astigmatism. That the astigmatism was traumatic there could be no doubt, for the ametropic condition existing prior to the accident was fully corrected by the use

\* Reported in full in Clinical Lecture in College and Clinical Record for March, 1881.



of a + 36 (convex) lens. Subsequent to the receipt of the injury a + 18 cylindrical glass was required in addition to the + 36 spherical lens, to render the eye emmetropic.

*Case of pistol ball lodged in Vitreous Humor.*

In one case a pistol ball, size No. 22, passed through the lower lid and in its course upward and inward passed through the coats of the globe and lodged in the vitreous humor. This was a typical case for enucleation, and the necessity of such an operation was strongly urged upon the patient, but he being very ignorant could not be convinced that so desperate a procedure was at all necessary, and receiving surgical treatment for the wound in the lid which was sewed up, he left the hospital and has not since been heard from. But his career can be mapped out very clearly. Sympathetic ophthalmia will set in in course of time, and when it does then perhaps he will be brought to reason and consent to enucleation, but, alas, too late to stop the work of destruction.

II. SYMPATHETIC OPHTHALMIA.

*Case of sympathetic ophthalmitis from chip of iron in the eye.*

A man, aged 50, was struck in the right eye with a small cast-iron chipping. He received only the attention of a fellow workmen, who after a crude examination said, "he guessed it had dropped out." During the subsequent three months the inflammation progressed rapidly, until he sought medical advice for the first time and was sent here. The affected eye was greatly damaged, the cornea opaque but translucent, the iris firmly bound down by posterior synechia, and a small point on the lower and inner quadrant of the cornea showed where the foreign body had entered. No perception of light.

The left eye showed marked evidences of sympathetic ophthalmitis, for there was photophobia, the cornea hazy, the iris sluggish, responding but moderately to mydriatics, owing to posterior and anterior synechia, the pupillary space being occluded by lymph, vision  $\frac{10}{60}$ .

The right eye being beyond hope, attention was directed towards saving the left one, and the only tangible ground for hope was to cut off the means of communication between the eyes. The question arose, which operation should be adopted, optico-ciliary neurotomy or enucleation? After

most careful consideration the latter plan was adopted in view of the fact that nearly all, if not all, ophthalmic surgeons agree that it certainly will prevent sympathetic inflammation, while it is still a point at issue whether the more modern operation of optico-ciliary neurotomy gives permanent relief, or whether reunion of the cut nerves may take place and render the patient subject to a renewed attack. This certainly was not a case for a trial of an operation as yet not generally adopted, and as yet for want of time without sufficient proof that it fully takes the place of enucleation. For these reasons enucleation was performed, and ten days later the patient was discharged from the house, not having suffered any pain in the left eye since the operation; vision  $\frac{20}{60}$ .

An artificial eye was adapted to the stump, which matched quite accurately his remaining eye, both in color, size and movements, indeed so perfectly did it simulate nature that it was difficult for his friends to tell the real from the artificial eye.

In concluding the review of these twenty interesting cases of foreign bodies in the eye, it would be well to lay down a certain plan of action, which will guide us in the treatment of these cases and prevent us from making blunders that will haunt a physician through life.

- 1st. Examine carefully with a good light.
- 2nd. Always evert the lids.
- 3rd. Remove every trace of foreign matter as soon as possible.
- 4th. Control inflammation.

Following out carefully these indications the physician may readily dismiss his patient with an easy conscience, believing that he has done all that could be done.

331 S. 12th St., Philadelphia.

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**Correspondence.**

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**THE TREASURERSHIP OF THE MEDICAL COUNCIL.**

To the Editor of the CANADA LANCET.

SIR,—Our Medical Association last year passed a resolution to the effect that it was not desirable that any permanent office in the Medical Council, such as the Treasurership, should be filled by a teacher in any of the medical schools. In reading the LANCET some months ago, I saw several letters

to the same effect and not one giving a different opinion on the subject. Notwithstanding this, the president of one of the schools was continued as Treasurer. How long is this to go on? Has the Council so many friends that it can afford to override the views of dozens of medical men who think that, if the office is to be filled by a school-man at all, its holder should, in all fairness, be selected one year from one school and the next from another; but as this would be folly in such an office as the Treasurership, that it should be filled by some one entirely independent of any school. Why not by the Registrar? He is a most capable man and is not overpaid, and to give him the position would at once settle the whole matter and remove a constant source of irritation, for whatever any one may say, it is not right that year after year the president of one particular school should be kept in the same place. The Council should not be a party to anything which is unjust, even in appearance. And in every respect all the medical schools should be treated exactly alike, if the Council is to retain the confidence of the profession.

Yours, etc.,

COUNTRY PRACTITIONER.

April, 1881.

To the Editor of the CANADA LANCET.

SIR,—My attention has been called to a couple of articles, one in the CANADA LANCET, the other in the *Canadian Journal of Medical Science*, upon the subject of professional advertising, or, as the last-named journal styles it, unprofessional advertising. Whilst I am strongly opposed to anything like puffing, and the reporting of operations in the newspapers, in which practices we see many who would have us consider them big guns in the profession, indulging to an inordinate extent, at the same time, although advertising is something I have never followed myself, I hold that the physician or surgeon has a perfect right to advertise, and use every legitimate means at his command to bring himself before the public as such. He spends some of the best years of his life, and considerable money in acquiring his profession, and to ask him after having done so, to rent an office at a good figure, to provide himself with the necessary instruments, &c., for practising his profession, to clothe himself in decent apparel, and sit in his office un-

til his latent ability like the attraction of gravitation shall draw him practice, is, to use an Americanism, "too thin."

Some of the ablest men in every sphere of life would have remained in comparative obscurity had it not been for advertising in one way or another; and when there is such a rush for the professions, when we have adopted free trade in medicine, when there is such a fearful competition, we can scarcely expect that men who have adopted the medical profession as a means of gaining a living for themselves and families, will abstain from advertising as a means to an end. But, indeed, to the credit of our young Canadian graduates be it said, they are not the greatest sinners in this respect, but the older practitioners who congregate together in our larger cities, and are immense in their appearance, who resort to this practice, and would have the public believe that they alone possess the philosopher's stone. I take pleasure in enclosing a card of one of your Toronto luminaries.

In conclusion, allow me to say, that it is an easy matter for an editor to sit in his chair and write against a practice which is only hurtful when carried to an inordinate and untruthful extent.

Yours truly,

R. J. D.

[Our correspondent should have written at the bottom of his letter, in the words of Artemus Ward, "This is sarcasm."—ED.]

To the Editor of the CANADA LANCET.

SIR,—Will you be good enough to give me space in the LANCET for the following, for which I shall be very much obliged:

I am desirous of making some investigations into the causes of that most destructive disease, pulmonary phthisis, and any members of the profession in the Dominion who have now on hand well-marked cases of this disease, will confer a favor, and may possibly advance the interests of science, by sending me their address on a post-card, when I will send them a list of questions which they can readily answer, with the view of obtaining a full history of the cases for study.

I trust your readers will see the importance of this work and will kindly take a little trouble and aid me in this way in the investigations, and that we may all be benefited thereby.

Yours, etc.,

EDWARD PLAYTER, M.D.

Toronto, April 20, 1881.



## Selected Articles.

### TYPHOID FEVER IN GERMANY.

Dr. Dudley P. Allen, writing from Leipsic, says *Med. Record*. "Typhoid fever, which was previously very prevalent in Germany, has greatly decreased in many cities. This decrease is largely due no doubt to the improved water supply, which, however, many cities have been very slow to introduce, Leipsic, for instance, having had a public water-supply for only fifteen years and Dresden but ten years.

"The wells from which water for drinking and cooking was formerly taken are still in existence, and are to be seen in the streets and courts of houses, where they are most admirably arranged to catch all sewage.

Whether the arrangement of water-closets has anything to do with the cases of typhoid fever or kindred diseases that occur at present, is perhaps difficult to say. If, however, the foul gases to which they give rise can cause sickness it might certainly be expected. Living, as families almost universally do, in flats, each flat is supplied with one or two water-closets. Very commonly these are ventilated into the corridor leading up through the centre of the block, and during the winter, when the street doors are closed, the stench in the corridors of many houses is almost unbearable. What the relative frequency of typhoid fever and kindred diseases is in Germany, when compared to other countries, I am unable to say. The treatment of typhoid fever in the wards of E. Wagner, of Leipsic, has for its object to keep down dangerous temperatures and to nourish the patient. Cold baths are extensively employed, and it may be of interest to detail the exact method in which these baths are given. The typhoid patients are placed in beds with rollers. When a patient is to be bathed the bed is rolled to the end of the ward where the bath-room is located, and the patient is lifted from the bed and placed in a sitting posture in a long bath-tub, half full of water. Water is then dipped from the tub and poured constantly over the shoulders. The patient remains in the bath from five to ten minutes, according to the amount of his fever, provided he is not in a very weak condition. The patient is lifted from the bath, placed in a chair, wiped dry, and is again placed in bed and well covered. If he complains of cold he is given a cup of warm broth or a glass of wine.

No definite rule is followed as to the temperature at which a bath shall be given. It is almost always given if a temperature reaches 40° C. or 104° F. but is very frequently given at a much lower temperature, even at one very little above normal.

The object of the bath is primarily to reduce the temperature, but by cleansing the skin and changing the position it also greatly decreases the frequency of the bed-sores. When a patient is in a low typhoid state, it frequently rouses him to consciousness, improves respiration, and causes him to clear his lungs of secretion by coughing, and thus is thought to lessen the frequency of lung complications.

The baths are given according to the temperature and indications of each case, but are not commonly more frequent than once in three hours during the day. At night, if a high temperature is to be anticipated, from fifteen to twenty-five grains of quinine are to be given, and the patient is allowed to rest quietly and is not disturbed for a bath during the night unless the temperature should become dangerous of itself, say 105° F.

In cases of intestinal hemorrhage baths are not given, lest the moving might cause fresh bleeding. Very weak patients are sometimes given a sponge-bath in bed, instead of being placed in the bathtub.

If the patient's pulse is very weak, subcutaneous injections of a solution of one part camphor to four parts olive oil are given. At each injection is given from fifteen to thirty minims, and this is repeated as often as the condition of the patient requires the stimulus. Camphor is preferred to ether or other stimulating injections, on account of its more satisfactory action. Abscesses are very rarely produced.

The temperature of the bath varies. If a patient is weak or old, he is placed in water at about the temperature of the body, and this is cooled to perhaps 92° F. If the patient is young and less feeble, the temperature of the bath may be reduced to 80° F.

The diet of the patients is of milk, broth, eggs, buttermilk, etc. Wine is used as a stimulant.

Since the introduction of baths in the treatment of typhoid in Leipsic, the percentage of deaths has been reduced, I am told, from about seventeen per cent. to about eight and ten per cent.

The number of cases of recurrent typhoid has increased on the other hand. Since August, 1880, out of 65 cases of typhoid, there have been ten cases of recurrent typhoid. This second manifestation of the disease has, as a rule, been mild, and these cases have usually recovered.

The cause of the increased number of recurrent cases of typhoid is uncertain, but Prof. Wagner suggests that these cases simply represent those under previous treatment, have died at an earlier stage of the disease. Prof. Wagner also supposes the second manifestation of the disease must be in some way due to a renewed infection, but how this occurs is undetermined.

## ON A NEW METHOD OF PERFORMING OVARIOTOMY.

BY E. NOEGGERATH, M.D., NEW YORK.

A patient to be operated upon is ordered to take, on the previous day and the one preceding this, one drachm of bromide potassium, and, on the morning before the operation, thirty grains of the salt. The patients require less of the narcotic, the period of excitement is considerably diminished, the sleep is more natural, and vomiting is less frequent than without it. For the last two years I have added one or more doses of thirty grains chloral, per rectum. Since I have been in the habit of employing bromide before and chloral after ovariectomy, vomiting has been extremely rare.

I place my patient on a rubber bed filled with water heated to 100° to 102°. Whatever temperature may be lost by exposure or by the cold spray is constantly supplied anew from this source. The most important danger connected with ovariectomy consists in the formation of the septic material in the abdominal cavity after the operation; but it is evident that, besides surrounding the patient with all safeguards, it must be the effort of the surgeon to allow as little septic matter as possible to come in contact with the peritoneum.

I commence by incising the skin, the subcutaneous layer of fat, and the fascia superficialis to the extent of about three inches. Instead of going on incising the tissues down to and through the peritoneum, I plunge the trocar at once into the cyst and empty it out. If I find that the liquid is bland, I proceed with the operation; if it should contain pus, decomposed blood, or dark, grumous fluid, I inject through the tube attached to the trocar about half as much of a two-and-a-half per cent. solution of carbolic acid as the fluid measured when removed. This is allowed to remain in the cyst for a while and is then withdrawn. It is done in order to remove the possibility of infecting matter passing from the cyst into the abdominal cavity during the further progress of the operation. After the cyst is fully emptied, I depress the handle of the trocar towards the skin below the umbilicus, thus carrying all that section of the tumor which lies below the opening of the trocar against the anterior abdominal wall. Now the up-lifted portion of the latter is incised upon the trocar as a guide down to the cyst wall, which is lifted up and out of the peritoneal cavity instrument inside it, after which the pedicle is tied and the cyst removed.

The advantages of this proceeding over the ordinary method are the following:

1. It simplifies the operation considerably, since the search for and separate opening of the serous membrane are entirely done away with. 2. The

chances of air, instruments, and hands, contaminated with septic material, entering the abdomen are considerably diminished. 3. The chance of noxious contents of the tumor running into the abdominal cavity is very much less as compared with the ordinary proceeding, and they can be rendered harmless by previous disinfection. 4. The opening in the peritoneum is, on an average, smaller than with the old method, it being adapted in every single instance exactly to the requirements of the case. After a small section of the cyst, say an inch of its surface, is laid bare, and traction is exerted upon the same by the trocar, the length of the succeeding incision is determined simply by the thickness of the cyst wall, since the further enlargement of the wound is done while the sac is being lifted out gradually, and stopped the moment it is entirely outside. 5. The shock which results from laying open the abdominal cavity is shortened by just so much time as it takes to empty out the cyst, the greater part of the operation being reduced to that of simple tapping.

I will state that in ordinary cases I leave my patients for the following week on the water-bed, which I now fill with cold water as soon as a rise of temperature calls for antipyretic measures. Should symptoms of nervous depression, or even collapse, begin to develop, it can be filled again with hot water, and thus its stimulating effects called into action.

The after-treatment properly begins at the time when the cyst is being severed from the pedicle—that is to say, we have at this moment to decide whether the peritoneal wound, namely, the peritoneal cavity, is to be treated as an open wound, or to be closed.

All I want to state is the conviction that drainage of the pelvic cavity, as it is practiced by our surgeons now-a-days, no matter of what shape or material the tube is made, is a source of great danger.

Mrs. Rosalie H., forty-two, had been married three times, but had never had any children. A year and a half before admission she noticed a small, hard mass in the left iliac region. It grew steadily without causing any pain, until about three months ago, when she began to experience a great deal of distress and a sensation of chilliness followed by fever twice daily. She appeared to be robust and even unusually stout. The abdomen was filled with an elastic, indistinctly fluctuating tumor, composed apparently of two cysts with thick walls. The tumor was found to be adherent to the uterus, as well as to the entire pelvic cavity. I began the operation with the conviction that I could only remove part of the tumor, on account of the intimate connection of its lower portion with the surrounding organs, and so it proved to be. I had to cut away the upper three-fourths of the mass, and leave the rest inside.



The walls were in some places two inches thick. In order to avoid hæmorrhage, I inserted two sets of ligatures, each about an inch from the other, and tied the proximate threads of silk before cutting away the tumor above. The denuded surface in some places showed arterial openings of the size of the ulnaris. By this process, however, the operation became so protracted that I severed the second half of the tumor with Paquelin's cautery, and constricted the tissues with sutures wherever they showed a tendency to bleed. In view of a possible secondary hæmorrhage, I did not cut the silk, but left it hanging outside the wound, of which I closed the upper part, leaving the lower angle open wide enough for the admission of two rubber tubes of large calibre, one resting in the sac, the other behind it, in the abdominal cavity.

Now, after the operation, the condition of things was as unfavourable as could be. I therefore had the patient transferred immediately from the operating table into a bath-tub, filled with water heated to 100°, to which was added enough common salt to make not quite a one-half-per-cent. solution, and a small quantity of salicylic acid. After three hours, when Mrs. H. had fully recovered from the effects of the chloroform and of the protracted operation, the temperature of the bath was allowed to fall to 96°, and was never allowed to reach below 94° during the whole treatment. The water in the bath remained remarkably clear for the first few days, but was entirely renewed at least once a day. The patient felt comparatively well during her stay in the water. She slept a good deal, with the help of morphia, and was fed per rectum. The temperature was taken in the mouth, and was never found to exceed 100°, pulse usually 120. On the sixth day diarrhœa set in, and she was taken out of the water. When in bed the wound, as well as the tubes, was found to be perfectly clear; not a drop of pus; but it was only twenty-four hours after that suppuration began to set in, which, however, was not accompanied by any rise of temperature.

The upper part of the wound had parted, and a piece of colon, size of a small fist, was found partly outside the abdominal wall, not at all discolored, but covered by a thick layer of lymph, which also had produced such a firm union between the sides of the intestine and those of the wound, that it could not be replaced without using a great deal of force. On the third day after the removal from the bath, the patient was anæsthetized, the adherent intestine was forcibly separated with the finger, and pushed back into the abdominal cavity and the wound was closed with metallic sutures. No inflammatory reaction followed, and union took place very rapidly. The tube in the sac remained *in situ* at the lower angle, while that leading into the abdominal cavity was removed at the time of the replacement of the intestine. The

discharge from the sac remained copious, and was for some time very offensive. Two months later the patient was discharged.

The number of cases I have treated with the bath is too small to shape any final indications for its use. I know, however, already of one contra-indication, and within its scope are comprised patients with weakened constitutions. The drain on the system from loss of serum and fibrine is severe. I propose to employ the permanent bath as a substitute for ordinary drainage in ovariectomy and, above all, after Freunid's operation, after the removal of fibroid tumors, and after Cæsarean section. I will further state that in the bath an abdominal fistula, an inch and a half in length, from which all of the solid fecal matter was discharged for weeks, was closed in four days and a half so thoroughly that no feces were afterward discharged through it after the patient was removed from the bath.—*New York Medical Journal*, Feb., Med. Abstract.

#### A SERIES OF FIFTY CASES OF ABDOMINAL SECTION FOR VARIOUS PURPOSES.

BY LAWSON TAIT, F.R.C.S.

(*Birmingham Med. Review*, Jan.)

Increasing success in dealing with ovarian tumors has led me, as well as others, to the belief that operative measures might be applied successfully to other abdominal tumors which have, until recently, been regarded as hopelessly beyond our reach as ovarian tumors were thirty years ago. I have, therefore, arrived at a rule, that all abdominal tumors which were threatening the life of the patient, or rendering it miserable, unless they were clearly of a cancerous nature, should be explored by abdominal section. Upon this rule I have for a long time acted, and have as yet seen no reason to regret my action.

I divide these abdominal sections into, first of all, cases of simple exploratory incision where nothing is done but carefully to handle and inspect the appearance and relations of the tumour, and then close the wound. Of my fifty cases no less than seventeen came under this heading, and of these there was not a single death. The patients not only recovered from the operation, but lived in many instances for many months, and in at least three instances for some years after the operation, without being any the worse for it.

1. Lived for at least 15 months.
2. Large cystic kidney, lived nearly 4 years, and free from ascites which previously she suffered from.
3. Mass of pelvic cancer, lived 4 months.
4. Mass of omental cancer, died after return home.
5. Ovarian tumor with papiloma, could not be removed, still alive.
6. Mass of soft sarcoma, origin not ascertained, still alive.
7. Ovarian tumor with papiloma, died about six weeks after from rapid extension of cancer to omentum.

8. Cancer of ovary, died in 5 weeks.
9. Soft myxoma growing from cæcum, still alive and in much better health.
10. Papiloma of peritonem, still alive.
11. Ovarian tumor with papiloma, died 6 weeks after.
12. Ovarian dysmenorrhæa, ovaries so adherent that they could not be removed.
- 13.
14. Cystic ovarian tumors with recurrent rupture of cysts, producing perimetritis, tumor could not be removed.
15. Cancer of omentum, died in 9 weeks.
16. Nature of tumor not discovered, still inclined.
17. Tumor of spleen, could not be removed, still alive.

Of these cases seven were operated upon without antiseptic precautions and ten with, and all recovered equally well. In three cases, the case of cystic kidney, the myxoma of the cæcum and the tumor of the spleen, positive benefit seems to be obtained from the operation; for whereas, before it they all three suffered from dropsical effusion into the peritoneum, in none of them did it recur after it, and the latter two are now in much better health than before the operation.

In seventeen of the cases operations were begun for the removal of the tumors, but had to be left uncompleted on account of the impossibility of removal. Of these, six resulted in complete cure, two recovered without any detriment, and nine died from the attempted removal. They are as follows:

1. Cystic ovary; cysts emptied and drained; after prolonged suppuration she completely recovered, and is now quite well and the tumor gone.
2. Cystic ovary, recovered, afterwards lost sight of.
3. Cystic ovary, recovered, afterwards lost sight of.
4. Cancerous tumor of ovary, cyst into which hemorrhage had occurred drained into vagina, tube passed through peritoneum died of hydrothorax.
5. Incomplete removal of large cystic tumor of origin never ascertained, but not ovarian, died eight weeks after operation.
6. Attempted removal of large cyst of unknown origin, drained and completely cured, now in perfect health.
7. Hydrometra, completely cured by drainage, now in perfect health.
8. Hemato-salpinx, drained, died on fourth day of septic peritonitis.
9. Hemato-salpinx, drained, completely cured, now in perfect health.
10. Large cyst of mesentery, supposed to be a parovarian tumor previous to operation, completely cured by drainage.
11. Large cystic kidney, about half of the tumor was removed, urine drained from stump till death on 12th day.
12. Small cystic tumor of ovary, giving intense pain, cysts laid open tumor could not be removed, completely recovered, and now in perfect health.
- 13 to 17. Incomplete hysterotomy.

A simple exploratory incision has never been fatal in my hands, but nearly half of my incomplete operations have been. Of the fourth case in the list I may say that I was urged to the operation by the patient and her friends against my own judgment.

In the fifth case, I found when the patient died, eight weeks after the operation, that I had removed four-fifths of the tumor, and that if I had persevered for a little longer I should have got it all out and probably have saved my patient. A similar experience I have to record of the eleventh case—the cystic tumor of the kidney. I was frightened by the appearance of huge venous sinuses. I had removed all but the base of the tumor, and that would have given me no more trouble than what I had already overcome.

The other three cases of incomplete hysterotomy were efforts to enucleate the tumors which

were unsuccessful. In two of them I removed the ovaries as a final step, in the hope that, if the patients recovered the attempt at hysterotomy, they might be benefitted by the oöphorectomy. This is a practice I should not repeat. It is somewhat comforting after this to be able to record that six of my incomplete operations resulted in complete cures.

My next group of cases consists of nine cases of hysterotomy, that is, removal of the body of the uterus on account of myomatous growths, an operation concerning which I have not nearly so high an estimate as I had a few years ago. I believe the largest experience of it has fallen to the hands of M. Pean, who is said to have performed it about thirty times with more than half of the cases recovering.

There are two main difficulties about the operation which seem to me to be so great as forever to forbid it becoming very extensively adopted. In the first place the cases for which it is most urgently demanded are those in which the hæmorrhage cannot be controlled by other than operative means, and when they come for operation they are so anæmic that any operation is fraught with the most imminent risk of death in a few hours from the formation of fibrinous clot in the heart.

The second difficulty is in the treatment of the pedicle. This is usually so short, thick, and firm as to defy almost any kind of treatment. In the practice of others I have seen the tumors with pedicles capable of treatment with the clamp, or the ligature as satisfactory, as is the case in the most ovarian tumors, but this has not, unfortunately, been my own experience. I have never yet had a case of hysterotomy with a good pedicle, and this has been the cause of death in four out of my five fatal cases, and in my four successful cases the difficulties were almost as great as in the unsuccessful ones.

Of my first four cases, two of them recovered and two died—both deaths occurring on account of the thickness of the pedicle preventing me getting the wound closed accurately round it after it had been secured by Mr. Wells' caliper clamp.

In my fifth case I secured the pedicle by Pean's wire clamp, and death occurred from hæmorrhage in a few hours caused by the breaking of one of the wires.

In my sixth and seventh cases I used a wire clamp of my own devising with successful results, although both patients ran narrow risks of death from the prolonged suppuration inevitable in the separation of the enormously thick stump.

In my eighth and ninth cases the application of any clamp was an impossibility, owing to the shortness and thickness of the pedicle. In the first of these two I passed hempen cord round the cervix, and, having tightened it by means of an



écraseur, I cut off the tumour, I then passed a ligature, by means of a needle, round the lateral vessels on each side, and tied them firmly, and then secured the pedicle by ligatures in two halves and finally by a thick silk cord round the whole mass. By the oozing of the serum from the œdematous mass the ligatures became loose, and on *post-mortem* examination we found that death had occurred from slow oozing.

The ninth case was one in which there were two nodules at the back of the pedicle which I had to enucleate. I treated the pedicle in much as in the preceding case, save that, as an additional precaution, I cut the tumor off in such a way as to produce flaps, as in a limb amputation, and I carefully tightened them together by stitches. To do all this I had to go so far down that I fear a ureter was injured. At any rate she died on the fourth day of peritonitis, but as a *post-mortem* examination was not allowed, I cannot say exactly what the cause of death was.

My conclusions from this experience are that, save when there is a pedicle sufficiently long to be secured outside by my wire clamp, I shall not attempt hysterotomy, but shall content myself with removal of the ovaries instead. This alternative I have adopted recently in four cases, and in three of them with perfect success. The fourth died of heart clot, but in that case the hæmorrhage had reduced the patient to the extreme of anæmia.

The next group consists of two cases of extra-uterine gestation treated by abdominal section, both of which recovered.

Then there come next a group of cases of suppurating pelvic hæmatocele treated by abdominal section and drainage, and having all most satisfactory results. These cases are of great importance because they are the first cases of this kind which have been dealt with in this way.

These three cases seem to me of so much importance that I propose to give them in full detail. A patient was sent to me in Feb., 1879, by Mr. Gwinnett Sharp, of Walsall, suffering from a pelvic tumor associated with very severe symptoms. She was 24 years of age, and had been married nine months. Her menstruation had always been too frequent and too profuse, and six weeks before I saw her it had stopped suddenly in its course, and this was associated with the onset of violent pelvic pain—the leading features of extra-peritoneal hæmatocele. A few days afterwards she shivered and became very ill and feverish, and these symptoms had become intensified when I saw her ten days after their occurrence. She was then emaciated and hectic looking, with a high night temperature, intense pain and tenderness over the lower abdomen, and, when examined, a large fluctuating tumor, adherent to and behind the uterus, and going on either side of it, was found to occupy the pelvis, and rise about half way up to the umbilicus.

The roof of the pelvis was fixed and hard, and no fluctuation could be felt there.

The nature of the tumor could be open to only two suggestions—that it was a suppurating parovarian cyst with peritonitis, or a suppurating hæmatocele. I leant to the latter view as it was in consonance with the history, and I have never known a parovarian cyst suppurate, whilst hæmatoceles constantly do.

In any case I determined to open it from above and this I did. I found a large cavity containing about two pints of foetid pus with decomposing blood clots. This I carefully cleansed out, and fastening the walls of the cyst carefully to the walls in the parietes, I fixed in one of Koeberle's glass drainage tubes five inches long. Seven days after the operation I placed a three-inch glass drainage tube, and in another week this was replaced by a soft rubber tube. The patient got up on the twentieth day after the operation, and in ten days more went home perfectly well with the abscess healed, and remains in perfect health.

The second case, æt. 45, had never been pregnant, save one doubtful miscarriage soon after marriage, nineteen years ago. Symptoms resembling those of hæmatocele had occurred eight months before, and since that time she had been losing flesh. The uterus was fixed in a mass of effusion occupying the left broad ligament, and partly the right one also; and the mass on the left side encircled the rectum, forming a pronounced stricture. No point of fluctuation could be felt in the pelvis, but the symptoms pointed clearly to the presence of pus. I therefore determined to open the abdomen.

On reaching the peritoneum the two layers were found to be adherent, so that the cavity was not opened. A large abscess was opened just behind the base of the bladder, between which and the uterus it principally lay, but stretching behind the rectum. The floor and posterior wall of the abscess were found to consist of organized blood clot, so that its origin was in a blood effusion into the broad ligament. A glass drainage tube was inserted, and this was changed for one of Chassaig-nac's wire tubes on the eleventh day after the operation. The tube was finally removed on the 26th. She went home on the 30th day perfectly well, and has remained so ever since, now ten months.

The third case was a patient of Mr. Hallwright's, in whom he had diagnosed hæmatocele some four weeks before I saw her. Symptoms of suppuration set in, and I performed exactly the same operation as in the first case. This case also was an undoubted hæmatocele of the broad ligament. Eight days after the operation the glass tube was changed for a wire one, and this was removed in twelve days more. She left the hospital perfectly well only 33 days after admission, and has since remained perfectly well.

Such a collection of cases as constitute my present series cannot be classed together with any good statistical result; but still it is worth note that of fifty heterogenous cases of pelvic tumor in which the abdomen was opened as a matter of routine practice, fifteen died and sixteen were cured, whilst the remaining nineteen recovered from the operation without having been in any way injured by it.

### THE BROMIDES IN EPILEPSY.

Dr. A. Hughes Bennett, in the *Edinburgh Medical Journal*, Feb., gives the following:—

Bromide of potassium is generally recognized as the most effective anti-epileptic remedy we at present possess. There exists, however, great difference of opinion as to its method of administration, and to the amount of benefit which we may expect from its use.

Each case in succession, and without selection, which was pronounced epilepsy, all doubtful cases being eliminated, was considered as a subject suitable for experiment. The general circumstances of the individual were studied; his diet, hygienic surroundings, habits, and so on, if faulty, were, when practicable, improved. The bromides were then ordered and taken without intermission. The minimum quantity, for an adult to begin with, was thirty grains three times a day, the first dose half an hour before rising in the morning, the second in the middle of the day on an empty stomach, and the third at bedtime. This was continued for a fortnight, and if with success was persevered with, according to circumstances, for a period varying from two to six months. If the attacks were not materially diminished in frequency, the dose was immediately increased by ten grains at a time till the paroxysms were arrested. In this way as much as from sixty to eighty grains have been administered three times daily, and, with one or two isolated exceptions, I have met with no case which altogether resisted the influence of these large doses; and I have never seen any really serious symptoms of poisoning or injury to the general health ensue in consequence. Sometimes these quantities have been taken for many months with advantage; but, as a rule, it is preferable, when possible, after a few weeks gradually to diminish the dose and endeavor to secure that amount which, while it does not injuriously affect the general condition of the patient, serves to keep the epileptic attacks in subjection. The form of prescription to begin with in an adult has been as follows: R Pot. bromid., gr. xv., Ammon. bromid., gr. xv., Sp. ammon. aromat., ʒ ss, Infus. quassia, ad ʒj. M. Ft. haust. ter die, sumendus.

The average quantity to begin with for a child

of ten or twelve years has been twenty grains thrice daily.

In this manner I have personally treated about 300 cases. It is necessary, in order to judge of the true effect of a drug in epilepsy, that the patient should be under its influence continuously for a certain period of time.

TABLE I.—*Sixty Cases of Epilepsy, showing Results of Treatment by the Bromides during a Period of from Six Months to One Year.* In the first column, the average number of attacks per month *before* treatment is given; in the second column, the average number *after* treatment; and in the third column, the whole number of attacks during six months of treatment is given:—

Before treatment.	After treatment.	6 mos. t'ment.	Before treatment.	After treatment.	6 mos. t'ment.
900	60	—	8	1	—
600	5	—	8	—	4
600	90	—	8	1	—
450	12	—	8	4	—
300	2	—	6	0	0
240	90	—	5	—	5
180	60	—	5	0	0
150	5	—	4	2	—
150	8	—	4	1	—
150	7	—	4	1	—
120	3	—	4	1	—
120	120	—	4	—	2
90	3	—	4	—	3
90	9	—	2	—	3
70	20	—	2	—	2
60	4	—	2	—	1
60	6	—	2	—	1
60	90	—	2	—	4
30	7	—	2	—	1
30	1	—	2	—	2
30	2	—	1	0	0
30	10	—	1	—	2
16	8	—	1	0	0
16	2	—	1	1	0
12	4	—	1	0	0
12	12	—	1	0	0
12	3	—	1	—	1
8	0	0	1	—	1
8	2	—	1	—	1
8	1	—	1	150	—

[Tables of 57 cases treated from one to four years are given.]

These four tables consist of all the characteristic cases of epilepsy which came under notice, without selection of any kind, all being included, no matter what their form or severity, their age, complication with organic disease, etc. In analyzing this miscellaneous series, the chief fact to be noticed, whether the period of treatment has been limited to six months or extended to four years, is the remarkable effect of treatment upon the number of the epileptic seizures. Of the total 117 cases, in 14, or about 12.1 per cent., the attacks were entirely arrested during the whole period of treatment. In 97, or about 83.3 per cent., the monthly number of seizures was diminished. In 3, or about 2.3 per cent., there was no change either for better or worse; and in 3, or about 2.3 per cent., the attacks were more frequent after treatment. With regard to the fourteen cases which were free from attacks during treatment, it cannot, of course, be maintained that all of these were cured in the strict sense of the term. It is probable that if



many of them discontinued the medicine the seizures would return. Still, the results are such as to encourage a hope that if the bromides are persevered with, and the attacks arrested for a sufficiently long period, a permanent result might be anticipated. Even should no such ultimate object be realized, it is obvious that an agent which can, during its administration, completely cut short the distressing epileptic paroxysms, without injuriously affecting the mental or bodily health, is of immense importance.

Having been brought up in the belief that epilepsy was one of the most intractable of diseases, no one is more surprised than myself at the readiness with which it responds to treatment. So far, then, from this affection being the despair of the profession, I believe that of all chronic nervous diseases it is the one most amenable to treatment by drugs, resulting, if not in complete cure, in great amelioration of the symptoms which practically constitute the disease. It is right, however, to add that I can only speak from experience of cases under treatment for a period of four years.

### TERTIARY SYPHILIS OF THE THROAT.

BY WHITFIELD WARD, A.M., M.D.

These cases have been selected from a large number which I have met during the past year in both hospital and private practice.

CASE I.—*Paralysis of Adductors of both Vocal Cords Producing Complete Aphonia*.—A girl æt. 18; on directing the patient to phonate, the two vocal cords which, in a healthy larynx, should approximate each other in the middle of that tube, failed to do so, but remained stationary at the sides of the windpipe. I could account for the paralysis in no way, there being but a slight amount of inflammatory action in the larynx, and none of the special conditions of hysteria. After a great deal of prevarication it was finally ascertained that about two years previous she had a small sore on the external genitals which had been burned off. She remembered no secondary eruption. I made some mild astringent application and prescribed the iodide of potash in fifteen grain doses, thrice daily. I did not see my patient again for five days, when she presented herself in a very happy frame of mind on account of her ability to talk a little. Upon laryngeal inspection a little motion was distinctly visible in the paralyzed bodies. I increased the dose to grs. xx, thrice per diem. A week later the potash was again further increased to twenty-five grains, thrice daily. The same plan of treatment was pursued until one hundred and five grains were taken in twenty-four hours, when a retrograde course was instituted on account of the rapid improvement of the patient.

The case was a complete success, the voice being perfectly recovered, and the paralyzed bodies restored to their normal condition.

Within the present month I have had at my clinic a case somewhat similar to the one reported above, the paralysis, however, being confined to one vocal cord, the left. The patient is progressing nicely, and the pathological condition gradually disappearing under a course of treatment similar to that related above.

CASE II.—*Syphilitic Glossitis*.—Female æt. 35. The tongue was immensely swollen, so much so that it protruded outside of the mouth. The patient complained of great pain in the organ, together with an inability to swallow any food, either liquid or solid. Along the free border of the gums several points of ulceration were noticeable. To those who have practised in a time when pyalism was more frequently produced than at present, the above case presents all the points of a profuse and injudicious salivation. However, it was ascertained that no drugs had been swallowed. As the patient would not allow the use of the bistoury—a free incision along the dorsum of the tongue on each side of the raphe being indicated to allow of the escape of infiltrated fluid—and there was a distinct history of syphilis contracted several years before, I ordered her twenty grains of iodide of potash every six hours. Two days after the patient reported that all pain had disappeared, and that she could swallow liquids and soft food with ease.

CASE III.—*Syphilitic Ulceration of Velum accompanied with a large Perforation*.—A man, æt. 40. Had all the evidences of tertiary syphilis in the buccal cavity. The entire mucous membrane covering the fauces was greatly congested, the inflammatory redness being of a dusky colour, a characteristic peculiar to syphilitic cases, and one that will often enable the expert to instantly diagnose the disease correctly. On the right side of the soft palate, midway between the uvula and the attachment of the velum to the side of the throat, an opening large enough to allow of the passage of a lead pencil was distinctly visible. The entire circumference of the orifice was in an ulcerated condition, and the tissues for at least a line beyond looked as if they were about to become involved in the destructive process. He had contracted chancre twenty years ago, and had suffered from pains in the bones for a long time. The stereotyped treatment would be to freely cauterize the edges of the perforation with the stick of nitrate of silver, and to administer internally the antisyphilitics, mercury and potash, either singly or combined. Now, instead of pursuing this plan, I made no local application whatever, but simply prescribed the iodide of potash in large doses frequently repeated. The result was most gratifying, for at every attendance of the patient the perforation was smaller, until finally it disappeared alto-

gether, the entire treatment occupying but ten days.

CASE IV.—*Syphilitic Stenosis of the Larynx*.—

The patient, an adult male of robust appearance, applied for treatment January 3rd. The principal symptoms complained of were great difficulty in breathing, orthopnoea, pain referable to the larynx, a feeling of constriction about the throat, and dysphonia. Upon laryngoscopic inspection, the cause of the above peculiar train of symptoms was at once revealed, for a large swelling was seen to occupy the position of the right ventricular band. The other pathological conditions noticeable at the same time were extensive ulceration of the left vocal cord and an intense hyperæmia of the entire laryngeal mucous membrane. Upon inquiry it was ascertained that the trouble had begun with a slight cold, accompanied with hoarseness, about four weeks previous, and that the difficulty in breathing commenced a week later, and kept gradually getting worse up to the time of his application.

The disease was diagnosed as a syphilitic gumma, syphilis having been acquired some twelve years ago. I prescribed the iodide in twenty-five grain doses every four hours. January 5th. He again presented himself. Upon laryngeal examination the parts looked pathologically the same as on the previous exploration, the gumma having obviously been arrested in its progress. The iodide was now increased to thirty-five grains every four hours. January 7th he again appeared, expressing himself as much better. A laryngoscopic investigation revealed the facts that the tumor was much smaller, and that the amount of laryngeal inflammation was much less.

January 12th, he reported that he had gradually improved until now, when he experienced no difficulty in breathing, except when rapidly walking or ascending a long flight of stairs. A laryngoscopic examination revealed the fact that the gummatous swelling had nearly all disappeared, together with the surrounding inflammation. The air-tube was also seen to be quite free, whereas at the first examination it was almost completely filled up with the abnormal mass. As it was no longer necessary to keep up the large doses of the iodide, the daily amount was reduced to sixty grains, which he is taking at the time of the present writing.

All the foregoing illustrations form beautiful exemplifications of the wonderful efficacy of iodide of potash in tertiary syphilitic manifestations of the throat. Regarding case IV., which borders on the miraculous, and which furnishes the strongest kind of an argument with reference to the powers of the remedy used, it seemed to me so certain that tracheotomy would have to be resorted to, that I had made all preparations to perform the operation at short notice.

Concerning the manner of using the iodide in

tertiary syphilis of the throat: If, after a careful examination of the throat, the presence of the syphilitic taint in the system be suspected, even if the patient firmly deny its existence, always give him the benefit of the doubt and prescribe the potash. If the patient be correct in his assertion, the use of the remedy can do no possible harm, while, on the contrary, if the disease is present, the medicine will have a most salutary effect, and your diagnosis be confirmed. Do not wait for the appearance of ulceration before invoking the aid of the antisyphilitic, for mayhap, when you again see your patient, irreparable destruction will have invaded and affected the tissues.—*Medical Record*, N. Y., Feb. 26. Med. Abstract.

### THE UTERINE SOUND.

Dr. Murdoch Cameron, M.D., of the Western Infirmary, Glasgow, gives the following sensible advice in the *Glasgow Med. Journal* in regard to the use of the uterine sound. The sound has been long used as a means of diagnosis in uterine affections, but its use has been much extended by the widespread influence of Simpson. With many practitioners it seems to be in daily use as a ready means of exploration in these special affections. No one can deny its utility, yet physicians who have many uterine cases under observation will acknowledge, that although it is when properly used and upon suitable cases an agent for good, its indiscriminate use is productive of a great deal of injury.

With some its use is considered indispensable, and as a result, there is found an increasing number of cases where very serious irritations and lesions ensue, comprising uterine colic, ovaritis, metritis, &c. Instead of using it as a secondary agent, they err in too often making it a primary one.

A description of the instrument would be out of place here, as it is so well known; but the best have upon the convex edge, and at about two and a-half inches from the point, a little projection as an indicator of the average depth of the healthy uterus. Towards the point, and also towards the handle, you have the distances marked by notches and figures, which show at a glance how far the instrument has penetrated. The credit of the introduction of the uterine sound has been given to Simpson, although some claim the honour for Kiwisch.

With the flexible sounds we are apt to be misled, supposing an advance whilst they may have simply bended upon themselves. Much can be learned by a proper use of the sound. In some cases the sound is used to assure the examiner of the permeability of the uterine orifice, and of the cervix uteri. It serves also to recognise the length,



direction, position, volume, and mobility of the uterus.

When the sound penetrates easily as far as the small nodule upon its convex edge, we are certain that the internal os is sufficiently permeable. We find the cervix narrowed in congenital constriction, in stenosis of the os externum, as also of the os internum, as found in cases of acute ante flexion.

If the sound passes into the uterine cavity farther than two and a-half inches, we know that there is elongation of the cavity from some cause or other. The uterus is increased in bulk in endometritis, fibroids, polypi, or subinvolution, as also after a confinement or abortion, and as a matter of course in pregnancy. The uterus may be diminished in size, as is found in cases of non-development, superinvolution, and senile atrophy.

If we feel the point of the sound through the relaxed abdominal walls, immediately above or behind the pubes, we are assured that the fundus uteri is in a normal position. If, to pass the sound, we require to direct the point backwards, more forwards, or to either side, and find afterwards that the organ presents itself in its proper position, and that a tumour previously felt projecting into the vagina has disappeared, we have reason to diagnose a flexion of the uterus. What has taken place is simply that the uterine sound has for the time corrected a displacement of the womb. In a case of retroversion seen lately in the Western Infirmary, the replacement was permanent.

If, on the contrary, we recognise by the sound that the fundus uteri is normal and in its proper position, we arrive at the conclusion that the tumour supposed to belong to the uterus is situated outside of this organ, and has perhaps nothing in common with it. If it is impossible to feel the point of the sound through the abdominal walls, as generally felt in the normal state, the cause may perhaps be a tumour situated in the uterine walls or near them. We remark at times that a movement communicated to the uterus by the sound does not displace at the same time the tumour in question, and so we are able to say that it does not adhere to the uterus. The sound may at times be useful for the dilatation of a stricture, chiefly of the os internum. This instrument is therefore of very great service, both as a diagnostic and therapeutic agent, but we must not trust too much to signs, many times misleading. The sound may be found to pass only a small distance into the cavity of the cervix, as, for instance, when a fold of mucous membrane arrests its further progress. In such a case it would be a great error to conclude that because the instrument was thus arrested, there existed an obliteration of the cervix. Again, you may have elongation with flexion. Here the sound might pass in a distance say of two inches, and might lead us to suppose that the

uterine cavity was diminished, and that a tumour was present, but by closer observation we find that the sound can be passed further, and that the tumour first found upon examination is simply the fundus uteri, and as we would expect, with the replacement of the uterus the bulging felt in the vaginal space has disappeared.

It may seem unnecessary that we should here repeat the warning, never to pass the sound where there is any reason to suspect pregnancy, as then you incur the serious responsibility of producing abortion; but the two frequent mistake of overlooking such a condition demands the repetition of this caution. The utmost care should be taken in the introduction of this instrument, because without this you may perforate the tissue, perhaps already softened, or set up peritonitis. Malignant disease of the cervix or fundus excludes its use, as also acute inflammation of the uterus or its appendages. It has been recommended in special cases; but it is better to avoid any examination during menstruation, and in no case should the sound be passed without previously having made a careful bimanual examination.

To introduce the uterine sound, place the patient as in passing the speculum, and pass two fingers of the right hand—viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument along, keeping the concave surface directed backwards. Never forget to have the sound warmed previous to its introduction. If the passage is straight, as in females who have never had children, the index finger will be sufficient to guide the sound. If the os is directed downwards and forwards, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downwards and backwards, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upwards and forwards.

If there be any difficulty in making the instrument enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.

We noticed previously that the instrument usually passes into the uterine cavity for two and a half inches, as indicated by the nodule upon the convex edge of the sound to measure the distance it has passed. With sufficient care, we can usually succeed in passing the sound into the healthy womb; but the most experienced finds it often exceedingly difficult to introduce it in certain affections of this organ.

In the various flexions and versions, as also neoplasms projecting into the cavity, we find much to oppose our attempts to pass the sound. In some cases you will even fail, and it is only by the greatest patience that success may reward your efforts. Generally its introduction is free from

bleeding, and if traces of blood are seen, it is usually the result of congestion, cancer, fibroids, or polypi. Force should never be used, as you will simply expose your patient to much danger. To lay down special rules were vain, for experience must guide you in each case. Every instrument should have a mark upon the flat surface of the handle, so that the operator may have no difficulty in seeing at once how the instrument is situated. In replacing the displaced organ, say in displacement backwards, the movement is effected by a rotation of the handle through half a circle, so that the portion acting within the uterus may rotate in the smallest degree. A simple twisting of the handle is apt to give pain, and may cause injury. In conclusion, the uterine sound, as before stated, should never be used without previously making a careful examination. So much is this overlooked that a very eminent obstetrician purposed to have a uterine sound made, having for its handle a small representation of a fœtus, which may be the means of causing the operator to pause before using the instrument.

#### TREATMENT OF CHRONIC PROSTATIC ENLARGEMENT.

Mr. Thos. Smith, of St. Bartholomew's Hospital (*Medical Times and Gazette*) gives the following treatment of this affection:—

Your assistance will rarely be sought in the early stages of this disease; but should you be consulted by an elderly patient suffering from undue frequency or difficulty in micturition, it will always be prudent to make a digital examination through the rectum, to ascertain the state of the prostate. The examination is best made with the patient lying down on his back. Your finger-nail being filled with soap, and the finger well oiled or greased, it should be introduced very slowly, so as not to excite spasm of the sphincter.

Should you judge that the urinary difficulty is caused by prostate enlargement, the occasional passage of a full-sized instrument will often relieve the inconvenience, and, if steadily persevered in at regular intervals will generally secure the patient against all the more serious consequences of the disease.

In cases where the difficulty in micturition has gone on to produce an inability to empty the bladder completely, it is of primary importance that at least once in the twenty-four hours the urine should be all drawn off; but in carrying out this plan it is necessary to exercise caution, lest by suddenly emptying a greatly distended bladder you should produce a complete paralysis of the organ, with a loss of the power of voluntary micturition, and cystitis.

As a general rule, if there be not more than one

pint of retained urine in the bladder—that is, urine the patient is unable to pass for himself, it may be safely drawn off at once. But if there be more than this of residual urine (and there may be several pints), you should draw it off by instalments, taking away a little more each day, until the bladder is completely emptied.

This complete evacuation of the bladder, when once accomplished, should be repeated each day, by means of an instrument, and for the purpose an india-rubber catheter, a bulbous-ended or a Coudé catheter, should, if possible, be used.

By these means, in an early stage of the disease, the patient will generally regain the power of normal micturition, or at all events, if this result be not attained, he will be secure from the worst consequences of the disease.

The treatment may be carried out by the patient himself if you will be at the pains to teach him how to pass an instrument—nowadays a comparatively simple process, owing to the great improvements in catheters; for you should know that since the introduction of the various forms of soft catheters now in use, the instrumental treatment of prostatic enlargement has lost more than half its terrors and much of its danger.

This large silver prostatic catheter which I now show you—at one time almost the only instrument used in these cases—is truly a formidable weapon, with its long shaft and wide-sweeping curve. It was constructed to ride over the prostate, but in the hands even of experienced surgeons it frequently failed in the performance of its normal functions, and rode under the gland, or through its substance. Used with a strong and steady hand it rarely failed to draw off water. As an instance of its powers in this respect, I may mention a case within my knowledge where a prostatic catheter in the hands of an energetic surgeon drew off some gallons of water, which, however, a post-mortem examination disclosed to have come from the peritoneal cavity.

I will suppose now that you are called upon to treat a patient with retention of urine dependent upon enlarged prostate. The difficulty will usually have come on at night time; the patient will, as a rule, be advanced in years; and the prostate can be felt in the rectum unduly prominent. In such a case let me advise you first to try a flexible red rubber catheter, of full size; it will often find its way round a corner, and through a urethra which would be impervious to a more rigid instrument. This failing, you should try and pass the same catheter with a stout wire stylet reaching two thirds the way down the instrument; this gives you more power to push the catheter onwards, and leaves the end flexible to accommodate itself to the distorted urethra.

Next in order you may try the Coudé catheter, which I show you: then, if necessary, the bulbous



French instrument, a gum-elastic, without and with the stylet; and lastly, others failing, a silver instrument.

Whatever instrument you use, let it be a full size; it will go in as easily as a smaller one, and is less likely to damage your patient. Keep the point of the instrument on the upper wall of the urethra; and, above all things, use no force.

After drawing off the water in a case of retention, the patient will, for a time at least, require the regular use of the catheter until he recover his power of voluntary micturition; and should there have been great difficulty in introducing the catheter, I should advise you to tie it in for the first twenty-four hours.

In the subsequent treatment of these cases of prostatic retention, in addition to other troubles, you will often have to contend against an increasing frequency in micturition. The frequent desire to pass water must be resisted as much as possible by the patient, or it will grow upon him. The bladder must be completely emptied, and, if need be, washed out, at regular intervals, and the patient exhorted not only to resist by a strong effort of the will the solicitation of his bladder, but to avoid all sights and associations that are likely to suggest to him the necessity of micturition. With this object in view, you should counsel your patient to keep his catheter and chamber-utensil out of sight; as soon as possible to leave his bed-room during the day; and to occupy his mind by any pursuit which may draw his thoughts away from his urinary necessities.



**ANTISEPTICS IN MIDWIFERY.**—An adjourned meeting of the Glasgow Medico-Chirurgical Society was held in the Faculty Hall, St. Vincent Street, on Friday the 18th inst., to resume the discussion on Dr. W. L. Reid's paper, "On the Use of Antiseptics in Obstetrical and Gynæcological Practice, etc." Dr. George Buchanan occupied the chair. In opening the discussion Dr. Buchanan objected to the title of Dr. Reid's paper, as he contended the parts could not be made antiseptic according to Lister's theory. He thought the object and intentions of the paper would be better expressed by its title being, "The Use of Antiseptic Materials in Obstetric Practice." Dr. Sloan also objected in a similar manner to the title of the paper, and evidently desired, however, to retain some belief in the antiseptic theory, while wishing it to embrace such old-fashioned and sensible principles as speedy and thorough contraction of the uterus, scrupulous cleanliness, etc. Dr. Duncan, of Crosshill, in a sensible speech, agreed as to the utter impossibility of using the antiseptic system in midwifery. As for germs, he asserted that they normally existed in the gall-bladder, and other internal cavities of the body totally excluded from

air. It was totally impossible to render the interior of the uterus "aseptic." He advised cleanliness, etc., and could not see the use of Dr. Reid's appliances in private practice. Mr. John Reid was sceptical as to the use of antiseptics altogether. Septicæmia was usually due to a retained clot. He considered Dr. Reid's paper Utopian; and that such appliances as he described were calculated to make a strong impression on patients. He referred to the possible medico-legal aspect of the question. Dr. Fleming suggested that if Dr. Reid had used the term "disinfectant," wherever he used the term "antiseptic," he would go along with him. He denied that germs were found in the gall-bladder, etc., in health. He contended that there were two kinds of decomposition, the one chemical, the other decomposition by germs. He regarded the vagina as a closed passage like the urethra. Dr. Stirton emphatically differed from Dr. Fleming as to the normal condition of the vagina, which in certain positions of the body opened, and could be seen into to the extent of two or three inches. He had that evening seen a patient into whose vagina, when excited, air entered in considerable quantity, and was expelled with disagreeable detonation. He referred to certain experiments with the flame of a lighted candle, which conclusively showed this.—*Med. Press and Circular*, March 27th, 1881.

**IODOFORM IN CHRONIC NASAL CATARRH.**—Dr. H. A. Eberle, of Iowa, writes to the *Michigan Medical News*, of January 10:—

In this State, where catarrh is so prevalent among the people, any remedy that would perform a cure will be hailed with the greatest delight. Iodoform, as a remedy for chronic ulcers, was used quite extensively in the Montreal General Hospital in 1872 to 1876, with such good results as to warrant its trial in private practice. Since that time I have made use of it in very many ways, in the treatment of piles, fissure, granular ulcerations of the uterus, etc., and always with gratifying results.

In view of all its healing properties, I was led to adopt the remedy for the treatment of catarrh, and as I had been a sufferer from the disease in a chronic form for many years, and had used many preparations with varying success and little benefit, I concluded to make use of it in the following manner. First, an ointment is made, thus:

R. Iodoform, finely powdered... grs. lx  
Ext. geranium, solid,..... grs. x  
Acidi carbolici,..... gtt. xv  
Cosmolinae, q. s..... ʒj. M.

Secondly, bougies are made out of absorbent cotton saturated with the above ointment and simply introduced up the nasal passage as far as necessary at bedtime. These are left in all night and are easily removed in the morning by blowing the nose.

This is repeated for a week or ten days, when the most obstinate case of catarrh will yield to the treatment. Scarcely any other treatment is necessary, except the occasional use of the posterior nasal douche with some cleansing fluid. I usually employ a weak tepid solution of chloride of sodium before introducing the "iodoformized cotton" tent.

**THE ELIMINATION OF LEAD BY IODIDE OF POTASSIUM.**—At the instance of Prof. Vulpian, M. Pouchet has examined quantitatively the urine of patients suffering from saturnism, in order to estimate the effect of the iodide of potassium on the elimination of lead (*Archives de Physiologie Normale et Pathologique*, 1880. The methods were electrolytic. The quantities of urine examined always measured from five to ten pints, quantities sufficiently large to permit the detection of the smallest particles of lead. During the period of aggravated symptoms, the urine contained an average of one milligramme of metallic lead to the litre of urine examined. Under the influence of iodide of potassium in doses of from four to six grammes daily, the elimination of lead increased quickly, but again decreased at the end of from six to ten days, when it became less marked than before the treatment was instituted. During the first days of treatment there occurred a rapid desaturation of the system, which was more or less decided according to the intensity of the morbid phenomena. Thus, in the case of a patient who was gravely affected, the quantity of lead passed by the urine, immediately after the administration of the iodide, rose to five milligrammes per litre. After the continuous administration of the salt for more than two weeks, the elimination of lead ceased almost altogether, so that in fifteen litres of urine only a trace of lead was discernable. But when, after withdrawing the remedy, the patient was allowed to rest some days, prior to the readministration of the iodide, small quantities of lead were again eliminated from the urine. Hence arises the therapeutic indication of employing the iodides for a long time, instituting, however, intervals of repose, during which the remedy is not to be administered. M. Pouchet also analyzed the urine of a patient treated exclusively with the bromide of potassium without detecting any increase of the lead eliminated. From this, he deduces the inefficiency of bromide in the treatment of lead-poisoning.—*Lond n Med. Record*.

**EFFECT OF BLOOD-LETTING ON INFLAMED TISSUES.** By Dr. E. Maragliano, Professor of General Pathology. Genoa.—The web of the foot of a frog previously brought under the influence of curara, was excited to inflammation by the application of a mixture of croton and olive oil (1 to 40), and then placed under the microscope. As soon as the signs of inflammation were visible; viz.,

stagnation of the blood, dilated vessels, adhesion of the corpuscles, &c., the crural vein on the opposite side of the body was cut and a relatively considerable amount of blood allowed to flow. The local disturbances are at once seen to be aggravated and in a few minutes the blood ceases to flow entirely, and is not resumed after immersion in warm water. The current continues normally in the healthy part of the web. No such result is seen in similar cases in which there is no obstruction of blood.

**TREATMENT OF ABORTION.**—Dr. Parvin, *N. Y. Medical Journal*, writing upon the treatment of abortion, states his belief that ergot is a hindrance rather than a help in securing complete evacuation of the uterus in early abortions. The tampon, however, especially if introduced into the cervical canal, assists to procure dilatation, and, while restraining the loss of blood, causes what little escape of blood takes place above it to aid in separating the ovum from its attachments to the uterus. So long as the ovum is entire (and its integrity should be scrupulously preserved), we may hope for its complete expulsion, and should usually abstain from active interference. When the sac is broken, we should empty the uterus artificially, if, after removing a tampon that has been applied a few hours, the hemorrhage is at all profuse and the ovum is not expelled at once. This should be done with the finger: and, instead of drawing the uterus down within reach of one finger, as recommended by Simpson, of Edinburgh, it is better to follow the practice of Mauriceau—introduce the hand into the vagina (under anesthesia), and use two fingers within the uterus, "as crabs do when they grip anything with one of their forked claws." When immediate evacuation of the uterus is demanded, on account of dangerous hemorrhage or an offensive discharge, announcing the possibility of septicemia, there is a still better way to proceed: "Let the patient lie on her back upon a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum, and bring the os fairly in view; now catch the anterior lip with a simple tenaculum, or, better, with Nott's tenaculum-forceps, and then, if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to straighten the bent canal; at any rate, fix the uterus by the instrument. Now, take a pair of curved polypus-forceps of suitable size, or, better still, Emmett's curette-forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument reintroduced. Repeat this three or four times if necessary. The uterus should then be swabbed out with Churchill's tincture of iodine by means of an applicator. Finally, ten or fifteen



grains of quinine should be given, and it will be very rarely indeed that convalescence will not be prompt and perfect.

CARLYLE ON FEMALE PHYSICIANS.—“I have never doubted but the true and noble function of a woman in this world was, is and forever will be, that of being a wife and a helpmate to a worthy man, and discharging well the duties that devolve on her in consequence, as mother of children and mistress of a household—duties high, noble, silently important as any that can fall to a human creature; duties which, if well discharged, constitute woman—in a soft, beautiful and almost sacred way—the queen of the world; and which, by her natural faculties, graces, strengths and weaknesses, are in every way indicated as specially hers. The true destiny of a woman, therefore, is to wed a man she can love and esteem, and to lead noiselessly under his protection, with all the wisdom, grace and heroism that is in her, the life prescribed in consequence.

It seems, furthermore, indubitable that if a woman miss this destiny or have renounced it she has every right, before God and man, to take up whatever honest employment she can find open to her in the world. Probably there are several or many employments now exclusively in the hands of men for which women might be more or less fit—printing, tailoring, weaving, clerking, etc., etc. That medicine is intrinsically not unfit for them is proven from the fact that in much more sound and earnest ages than ours, before the medical profession rose into being, they were virtually the physicians and surgeons, as well as sick nurses—all that the world had. Their form of intellect, their sympathy, their wonderful acuteness of observation, etc., seem to indicate in them peculiar qualities for dealing with disease, and evidently in certain departments (that of female diseases) they have quite peculiar opportunities of being useful.”

THE TREATMENT OF BURNS.—A physician in chief to a large iron mining and smelting company in Syria, gives the following as his treatment:—(*London Med. Record*). The wound is first cleaned without opening the blisters, then disinfected with a two per cent. solution of carbolic acid, and covered with a thick furniture varnish, prepared from linseed oil and litharge, in which five per cent. of salicylic acid has been dissolved by warming. The varnish is allowed to dry and another coat applied; over this a layer of Bruns' cotton is placed, about two-thirds of a centimeter in thickness. The wound seldom suppurates, generally healing under the varnish, which is finally removed as a dry pellicle, no change of the dressing being necessary. Should, however, suppuration be indicated by the setting in of fever, or by the occurrence of painfulness, the dressing is removed from

this locality; if the spot be not over five centimeters in diameter, nothing further is done than to strew the moist surface with dry powdered salicylic acid; if larger, an opening is cut in the dressing, the salicylic acid is applied as before, and then covered with a fresh layer of cotton. The scars become, by this method, entirely smooth, white, and are not hypertrophied.

WHOOPIING COUGH has been successfully treated by Dr. Baréty, of Nice, by turpentine vapor. By accident, a child severely affected, was allowed to sleep in a room, recently painted and redolent with turpentine odor, when noticeable improvement took place. Dr. B. has since employed this drug, placed in plates and allowed to stand in the rooms occupied by whooping cough patients. He holds that the disease is mitigated and its duration lessened by this simple expedient.

TREATMENT OF SEMINAL EMISSIONS.—Bumstead gives the following prescription for its special tonic effect upon the genital organs:—

	Grams.
R Tr. ferri chloridi.....	3 iii 90
Ext. ergot. fld. (Squibb's)...	3 iii 90
M. et. sig: A teaspoonful in water after each meal.	

As a direct means of diminishing the frequency of the emissions, B. recommends:

	Grams.
R Potass. bromidi.....	3 i 4
Tr. ferri chloridi .....	3 i 30
Aquæ.....	3 iii 90

M. et sig: From one to two teaspoonfuls in water, after each meal, and at bed-time.

The avoidance of tobacco in all its forms, cleanliness of mind and body, laxatives when needed, and in a word, attention to the rules of hygiene, are to be strictly enjoined.—*American Practitioner*,

MILK DIET IN DISEASES OF THE HEART.—Dr. Potain read a paper lately on this subject before the Congress at Rheims. It has attracted considerable attention and has been published in several continental journals. We take the following summary from the *Journal de Thérapeutique*, 10th Sept, 1880. In order to obviate the disappointing results referred to by many who have tried this treatment in heart diseases generally, the author would divide such affections into four groups. (1.) Organic diseases of the heart. These he says, are obviously quite unsuited for this treatment. Nor can it be of special value in (2) the various forms of nervous derangements of that organ. In (3) acute inflammations of the heart and its membranes, this treatment, as in all acute inflammations, is worthy of consideration. But he does not think it of specific value, except possibly in hydro-pericardium, where it may be of some

service as a diuretic. (4.) This group includes simple hypertrophy of the heart (*i.e.*, without valvular disease) of secondary origin. For this class of cases the treatment is peculiarly suitable. If the cardiac affection is dependent on renal disease (parenchymatous nephritis) we may expect the treatment to be very efficacious. Dilatation of the right heart, dependent, as he believes it often is, on gastro-hepatic disorders (causing a reflex contraction and therefore increase of tension of the pulmonary vessels) is also likely to be benefited by milk diet, but particularly if it is of gastric origin. But he considers it absolutely necessary that milk be exclusively given. He has had patients who were able for quite a good day's work over a long period on that diet alone. It is essential, of course, that it should be digested and assimilated. In some cases it might be necessary to add a little pancreatine or other digestive ferment to aid its digestion.—*Glasgow Medical Journal*.

**NEW TREATMENT OF ABSCESSSES.**—In the wards of Dr. Stephen Smith, a new treatment of abscesses has been very successful. When the abscess points it is opened and the contents evacuated. The cavity is then injected with carbolized water, and over distended for two or three minutes. The water is then pressed out, and over the whole area undermined by the cavity, small dry compressed sponges are laid and bound down with a bandage. Carbolyzed water is then applied to the bandage and injected between its layers until the sponges are thoroughly wet, after which a dry bandage is applied over all. The sponges, by their expansion, make firm and even compression upon the walls of the abscess, and hold them in perfect apposition, thus favouring union. The dressing is left on for five or six days, unless there is constitutional disturbance or pain in the seat of the former abscess. It is found, in most cases, when the bandage is removed, that the abscess has completely closed by an approximation of its walls, and the external wound heals readily under a simple dressing of carbolized oil. A case was recently seen where this admirable result was secured in a child, although the abscess was a large one, originating in caries of the head of the femur, and opening on the outside of the thigh. After over-distension the sponge-dressing was applied, and on its removal after five days, during which time there had been no constitutional disturbance, the cavity of the abscess had entirely closed, no pus had been discharged, no fluctuation could be felt in any position, and no evidence of a re-accumulation has since appeared. Dr. Smith has treated mammary and submammary abscesses in the same way with good results, and in a number of the wards this method is employed in the treatment of small abscesses which may result from irritant hypodermic injections.—*Chicago Medical Review*.

**ULCERATING SURFACES AND ABSCESSSES.**—In ulcerating surfaces and abscesses which show no tendency to close, the treatment must be directed toward the production of healthy granulations. This is often difficult to accomplish, and various applications are employed to stimulate the surfaces. Balsam of Peru is used largely in the hospital for this purpose. Where this does not succeed, the following combination is usually successful :

R Hydrargyri nitratis . . . . . gr. xx.  
Iodoformi . . . . . gr. xxx.  
Camphoræ . . . . . ʒij.  
Balsam Peru . . . . . ʒij.  
M. Sig. : Stimulating balsam.

Chloral hydrate may be substituted for the camphor in the mixture. This is applied to the surface or injected into the abscess after the latter has been thoroughly washed out with carbolyzed water once a day, and rarely fails to stimulate the growth of healthy granulation tissue. When œdema sets in around a wound, and there is danger of cellulitis, the part is kept moist by frequent application of lint wet with lead and opium wash, as this is more efficacious than any other lotion. The proportions of the lotion are one ounce of tincture of opium to half an ounce of subacetate of lead in half a pint of water.—*Medical Review*.

**VACCINATING ECZEMATOUS CHILDREN.**—Dr. J. C. Murray writes to the British Medical Journal of September 18th : It is, or ought to be, known to all obstetricians that vaccination is a cure for infantile eczema. I do not remember having seen this mentioned before, and if Dr. Drury is the first to put it on record he deserves credit for now doing so. But most medical men of middle age have found for themselves the value of vaccination in eczema. I remember that thirteen years ago a near relation of mine had a boy with eczema capitis, which defied ordinary means. Soon after the usual time for being vaccinated was past, I told the mother that vaccination might cure it. I had no doubt observed good results from vaccination before, but the lasting impression was made then, which decided me to practice and recommend vaccination in eczema—the result when observed, being cure.

**HOW SHALL THE DOCTOR GET MORE MONEY** is a question just now being agitated in medical journals. The *Med. News* says :—There are four ways of getting more money viz : by stealing it, borrowing it, earning it, and marrying it. The code of ethics, Mosaic and medical, cuts off the first ; various accidents, personal, geographical, etc., generally prevent the application of the last method, plan number three has long proved a failure. We advise the medical man who wants more money, therefore, by all means to borrow it, and pay up by treating the creditor.



IMPROVED COLD CREAM.—A correspondent of the *Chemist and Druggist* offers the following receipt :

"This formula for cold cream I have never published before, and I think it is really good in every way: at any rate, it meets with unsolicited encomiums from purchasers, and it gives myself more satisfaction than any I have tried. I have used it some years :

"R Cera alba, ʒix ;  
Cetaceum, ʒix ;  
Ol. amygdal., ʒxii ;  
Aqua, ʒvii ;  
Creta præcip., ʒi ;  
Otto rosæ, *ad lib.* ;  
Chloroform, grt. xii.

"Put cera, cetaceum, aqua, creta præcip., together with half of the ol. amygd., melt in an earthenware vessel by water heat, stir in the other half of ol. amygd., and continue till cold. The more stirring, the better the result. Add otto and chloroform when cold."

[The addition of precipitated chalk and chloroform has the probable effect of preventing the preparation from becoming rancid. The chalk, through its saturating properties, neutralizes the acids, which by their presence are known to promote the peculiar fermentation causing the rancidity of fatty substances. The chloroform, owing to its antiseptic action, prevents the propagation of destructive germs. Both are unobjectionable for cosmetic purposes; but the carbonate of lime is not allowable in cold cream to be used medicinally.]  
*Druggists' Circular.*

TREATMENT OF DELIRIUM TREMENS AND OF ACUTE DELIRIUM.—Dr. Rosseau treats ordinary cases of delirium tremens with large doses of bromide of potassium, which he thinks succeeds better than opium, especially when given in an early stage (*Annales Medicopsychogiques*). Only once has he met with the grave form assuming the febrile and delirious character. Remembering the treatment of Dr. Fereol in a similar case, he did not hesitate to adopt his method. After all the usual remedies had been exhausted without benefit, the physician in charge recommended the removal of the patient to a lunatic asylum. On admission he was extremely violent, flushed eyes glistening, temperature elevated, pulse quick, full, and regular. He was incoherent, delivered interminable monologues, his attention could not be secured. He maintained that he had killed his wife and father, and expected every moment to be arrested by the police. He had hallucinations, and heard voices which made the most singular proposals to him. He thought himself in a forest, and took the persons around him for robbers. He committed a

thousand extravagances, executed feats of strength, could not bear his clothes, sought a river to drown himself. From time to time he fell into a stupor with carphology, tried to seize small objects on his clothes, then suddenly awoke. There was a general tremor, speech was embarrassed, the tongue furred, the pupils contracted, and but little sensitive to light, the left a little more dilated than the right, the skin was anæsthetic, the head not apparently painful. Ten grammes of potassium bromide were administered on admission, but the agitation and delirium continued during the day and night. The bromide was continued, and on the following day he kept for 7 hours in a cool bath (*bain frais*), cold compresses being applied to his forehead from time to time. Whilst in the bath he became calm, with a marked diminution of the delirium and trembling. He passed an excellent night and made a rapid recovery, but continued as a precautionary measure to use the bromide, taking altogether fifty grammes in five days. The same treatment was also adopted with success in a non-alcoholic case of acute delirium with extreme excitement—"one of those congestive manias which form the substratum of general paralysis." There was slight embarrassment of speech, pupils unequally dilated, pulse strong and quick, skin burning, the face red and congested. He cried, danced, committed all sorts of extravagances, refused to lie down, stripped himself naked, clasped the coverlet between his arms, saying he was going to be confined of a reptile. He was completely delirious. Ten grammes of bromide of potassium produced no diminution of excitement during the night after admission. On the following day a cool bath was administered for seven hours with repeated cold irrigations of the head, the temperature of which was excessive. The agitation subsided, and intelligence was partially restored during the bath, after which tranquillity was uninterrupted. Mental confusion and delusions still remaining, he was purged for five days by calomel and aloes, at the end of which time he was perfectly sane, with speech and pupil's normal. Seen from time to time since, he continues quite well, now nine months since the attack.—*Medical Press and Circular.*

A UNIVERSITY OF PANTOPATHY.—The Electics of the State of Michigan "to the number of 5,000 voting citizens" have petitioned the legislature for a chair of "eclectic" medicine in the University of Michigan (Ann Arbor.) They modestly ask an annual appropriation of just half as much as that made for homœopathy (\$3,000), and claim the right of representation in consideration of "the amount of money the electics of Michigan and their patrons have paid in the last thirty years toward the support of the allopathic department, in which they have not been permitted to have any privileges."

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, MAY 1, 1881.

## RELATIONS BETWEEN PHYSICIANS AND DRUGGISTS.

The importance of the relations between physicians and druggists is every year becoming more apparent, and the sooner a correct understanding of these relations is attained the better will it be for both parties. Many serious abuses at present exist which are prejudicial not only to the best interests of both physicians and druggists, but also to the physical and moral welfare of the people. Prominent among these are, the continuous and persistent dispensing of patent nostrums for all classes of diseases by druggists; the practice of prescribing for patients over the counter, and the frequent and unlimited renewals of physicians' prescriptions without their authority to do so. These abuses practically make the druggist the business rival of the physician, and not only involve unwarranted risks to the public, but also seriously encroach on the legitimate province of the regular practitioner. In view of these facts the physicians and druggists of Philadelphia have recently entered into an inter-professional agreement, of which the following is the gist:—The druggists agree to keep out of sight, and discourage as much as possible, the sale of patent nostrums, and the physicians promise on their part to throw all the weight of their patronage to such as comply with the request. Physicians when writing a prescription which they do not wish renewed, shall write on the bottom of such prescription, "Do not renew," and also inform the patient of the fact in every case. As the diagnosis and

treatment of diseases belong to the province of the physician, and as a pharmaceutical education does not qualify the pharmacist for these responsible offices, he shall, when it is practicable, refer applicants for medical aid to a regular physician.

Some such code of ethics as the above appears to us to be much needed in other towns and cities as well as in Philadelphia. Even in the city of Toronto it is not an uncommon thing for a physician's prescription to be not only repeated *ad infinitum* to the same patient without his order to repeat, but made to do duty for scores of others whom the druggist thinks is similarly affected. The subject is fast resolving itself into the question whether the druggist shall be allowed to become a practicing physician, or the doctor shall become his own druggist. The only remedy for such a state of affairs appears to be either for the physicians to withhold their patronage and influence from establishments that usurp their rights, and patronize only those who will conform to some mutual agreement which is just to both parties, or become their own druggists by establishing a union drug-store where all their prescriptions shall be filled. A prescription is a written confidential order to the druggist, to prepare certain medicines for the patient, to meet existing indications of treatment, and is not designed for the continuous use of the patient or his friends in general. It sometimes also necessarily contains ingredients which should not be used by patients unless under the observation of the physician; it is therefore only right and proper that the druggist should refer the patient to the physician when he applies for a renewal, and not as is too often the case, take the patient completely out of the hands of the physician, and prescribe for him on his own responsibility. Not unfrequently also the druggist, emboldened by the immunity which at present obtains in regard to the use of physician's prescriptions, appropriates it to his own use, and putting it up as a proprietary medicine advertises it with the physician's name attached to it. A case of this kind occurred in this city quite recently. A prominent medical man in this city gave one of his patients a prescription for a hair tonic, which was put up by one of our city druggists. One of the clerks who afterwards opened a drug store in a western town not far from Brantford, Ontario, copied the prescription, put it up in the form of a patent medicine, and



styled it Dr. —'s Hair Restorer. The Doctor's attention being called to the matter, he was naturally very indignant about it, and sent the druggist a lawyer's letter restraining him from using his name in such connection. The druggist was immediately compelled to withdraw the advertisement, destroy all the labels, and send the Dr. an humble apology for having made improper use of his name.

### ONTARIO MEDICAL ASSOCIATION.

We have already expressed our opinion regarding the propriety of establishing a Medical Association for the Province of Ontario, and we are happy to state that through the labors of the committee appointed by the medical profession of Toronto, aided by the delegates from the Hamilton Medical Society, this is now virtually an accomplished fact.

The committee appointed to take the initiatory steps towards the formation of a Provincial Medical Association has received most satisfactory replies from all parts of the Province in answer to inquiries as to the necessity of a Provincial Medical Association, there being almost unanimity in reference to the movement,—all promising to join heartily in its support. This being the case, and in view of the fact that the majority of medical practitioners in the country have most leisure about the beginning of June, the committee has decided to call the inaugural meeting for the 1st and 2nd of June next, to be held in the Medical Council Hall, Toronto, commencing at 10 o'clock a.m. As the first business of the meeting will be the election of officers and the adoption of a constitution and by-laws, every one will see the necessity of being punctual at the opening. Gentlemen who propose to read papers, or present cases, will kindly send notice of their intention, not later than the 25th inst., to the Secretary, Dr. J. E. White, Toronto, in order to secure an early opportunity of presenting them before the meeting. It has also been suggested by the committee that the papers should be as concise and practical as is compatible with a clear elucidation of the subject. The committee also expresses the hope that the objects of the Association, as set forth in the proposed constitution, may meet with the earnest sympathy and co-operation of all in the profession who desire to keep themselves abreast of the times. Through

the kindness of the different railway companies, tickets can be obtained for the round trip for one and one-third fare, good for six days, and certificates entitling the holders to reduced fare will be sent to all registered practitioners in Ontario; those failing to receive them may apply to the Secretary.

There is every indication that the meeting will be one of more than usual interest and importance, and we would, therefore, urge upon all who can, to attend and come prepared to take part in its deliberations.

### BETWEEN TWO FIRES.

Our attention has been called to an editorial in the *Christian Guardian*, Toronto, for April 20th, headed "Between two Fires." We regret very much to find our much esteemed friend in such an uncomfortable position, and would take this opportunity of admonishing him in regard to his future welfare by saying, *in limine*, that if he wishes to avoid "fire" either now or hereafter, let him at once banish all false and unholy advertisements from his otherwise valuable and instructive religious paper. With reference to the "fiery" ordeal through which our cotemporary has had to pass, and which we trust has had its scriptural effect, the editor says: "While we have been giving offence to at least one of our advertisers by the publication of a simple question respecting patent medicines, which appeared to imply that those named might be classed with things which drew money from the pockets of the unsophisticated, the CANADA LANCET has been pouring a broadside into the religious press for advertising patent medicines at all. Surely the attitude in which our cotemporary finds himself, should admonish him of the inconsistency of his position. He says he does not endorse the medicines he advertises, and he has always had doubts as to the expediency of publishing such advertisements, not because he knew them to be bad, for about most of them he knew nothing, but because there is a popular impression that their appearance in his paper implied their approval by him. He also complains because we confined our strictures to religious journals. "Do not such advertisements occupy large space in the secular papers?" Certainly they do, but is his sin any the less? Can he relieve his con-

science by a reference to the iniquity of the secular press, or the idol worship of the Hindoo? When we have succeeded in banishing quack advertisements from the religious press, we will turn our attention to the secular press, and in this struggle we hope to be reinforced by the newborn zeal of our recent *converts*.

The funniest thing of all is, that our cotemporary does not seem to have the most remote idea of what really constitutes a "patent medicine," for he states that the very number of the LANCET which displays such strong interest in the dignity of the religious press, is largely occupied with advertisements of patent medicines, such as propylamine, soluble pills and granules, maltine, adhesive plaster, phosphorus pills, &c., and others of a similar character. The most elegant pharmaceutical preparations of well-known remedies, and the most vulgar secret nostrums are all evidently placed by him in the same category as patent medicines. He should have known that the LANCET circulates only amongst medical men, and as patent medicines are not prescribed by them, it would be utterly useless for patent medicine vendors to advertise in our columns, even if the editor were willing to advertise medicines he could not conscientiously endorse.

#### TORONTO ASYLUM REPORT.

We have before us the fortieth annual report of the Toronto Lunatic Asylum, ending September 30th, 1880, from which we glean the following:—During the year 82 patients were admitted, making a total of 756 patients under treatment during the year. There were 33 deaths, 1 removal and 48 discharged. Of the 48 discharged, 15 recovered, 22 were improved and 11 unimproved. The accommodation of the institution is fully utilized, and nearly all the patients are chronic cases; in fact this asylum has been for years virtually an asylum for the chronic insane. Of the 33 deaths, 5 were cases of paresis and 11 of consumption, the two most prevalent causes of death among the inmates. A most interesting part of the report is that showing the amount of labor performed by the inmates during the year; no less than 225 were occupied more or less in various trades and occupations, performing an aggregate of 73,312

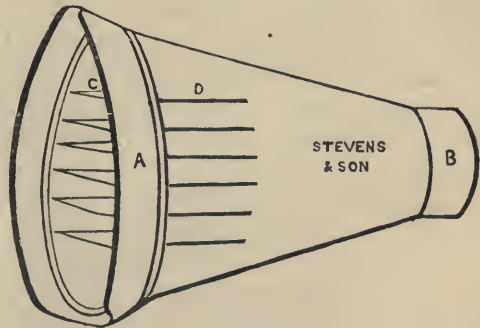
days' work. The value of the farm and garden produce is estimated at about \$12,840. This, which is not a new feature in this asylum, cannot but be regarded as most satisfactory and a very great improvement upon the older methods of confinement and restraint.

Several much needed internal improvements have been effected during the year, especially the fitting up of new wards for pay patients. The prices for pay patients range from \$2 to \$6 per week. There were 230 pay patients in the institution during the last year, and the income from this source was \$25,400.

The report also contains a hand-book for attendants, giving rules for bathing, administering medicine, feeding patients, etc., which will no doubt be found very useful.

A considerable amount of labor has been bestowed upon the preparation of the report and it will well repay a careful perusal. We can scarcely be expected to do it full justice in a short notice of this kind. There is every evidence, however, that this important institution is well and efficiently managed, and is doing a good work for this unfortunate class of individuals.

#### IMPROVED ETHER INHALER.



MANUFACTURED BY STEVENS & SON, TORONTO.

This Improved Ether Inhaler has been in use in the Toronto General Hospital for some years with satisfactory results. It is made of japanned metal. The part A which comes in contact with the face is padded and covered with velvet. C and the corresponding lines below represent a strip of cotton bandage which is passed through the slot D and across the inside of the inhaler and through the slots opposite and below, thus filling up the interior with layers of bandage,



between which is placed cotton wool to hold the ether. The cap B can be easily removed for the admission of air when necessary. It is cheap and portable, and in addition to its great convenience it will effect considerable saving in the administration of ether.

**HYMENIAL.**—The old and historical Mohawk Church, Brantford, Ont., was the scene of an interesting event on Tuesday the 12th ult. This was the marriage of Dr. W. T. Harris and Miss Mary, only daughter of Dr. Griffin, of this city. A few family friends were present, and the ceremony was a quiet and unostentatious one, Ven. Archdeacon Nelles officiating. Dr. W. T. Stuart, Professor of Chemistry, Trinity College, Toronto, was groomsman, and Miss Ettie Haycock, Brantford, the bridesmaid. The doctor and his bride took the afternoon train for the east, and we need hardly add that we join in the congratulations of their many friends, and unite with them in wishing the contracting parties a long, happy and prosperous future. Dr. Harris is one of our rising physicians, who has already secured an extended practice, and we commend his course in choosing a partner for life as one worthy the imitation of all bachelors.—*Brantford Expositor*.

**CHLORAL HYDRATE IN OBSTETRIC PRACTICE.**—Dr. Kane, in the *Am. Journal of Obstetrics* for April, 1881, gives the following as his conclusions, after a careful study of the subject:—Chloral hydrate may be used in normal labor for quieting nervous manifestations, blunting sensibility, shortening labor, and arresting false pains. In complicated labor it relieves pain, hastens dilatation of the os, and increases the force of the uterine contractions. That when pushed to the production of anæsthesia it does not destroy the force of uterine contractions; that the alleged danger of post partum hemorrhage has no foundation in fact; in moderate doses it is never dangerous; the slight delirium that sometimes occurs is usually removed by an additional dose of the drug, and that it is rarely necessary to use more than 3i in any one confinement. It is best given by the rectum in the form of enemata or suppositories.

**AMERICAN MEDICAL ASSOCIATION.**—The 23rd

annual meeting of this association will be held in Richmond, Va., commencing on Tuesday the 3rd of May, under the presidency of Dr. Hodgen of St. Louis. There is every indication that the meeting will be an interesting one, although in point of numbers not likely to be so large as the one held last year in New York.

**THE CANADA MEDICAL ASSOCIATION.**—The fourteenth annual meeting of the Canada Medical Association will take place in Halifax, N.S., commencing on Wednesday the 3rd of August, under the presidency of Dr. Canniff. We hope to see a large attendance from all parts of the Dominion, as this season of the year will afford leisure to many, and there are few practitioners who do not require a period of rest, at least once a year. Arrangements will be made with the different railway and steamboat companies for reduced fares.

**TRINITY MEDICAL COLLEGE, TORONTO.**—The following are the names of the successful candidates at the recent examinations in Trinity Medical College:—

*Final Examination for Diploma and Fellowship (F.T.M.S.) of the College.*—T. G. Brereton, J. Ferrier, C. M. Freeman, A. H. Ferguson, H. K. Kerr, J. A. Macdonald, G. McLain, H. R. McGill, W. A. Mearns, J. F. O'Keefe, W. F. Peters, R. Raikes, J. C. Urquhart, E. D. Vandervoort, and F. E. Woolverton. Gold Medallist, W. A. Mearns. First Silver do., A. H. Ferguson; second do. do., W. F. Peters.

*Primary Examination.*—L. Backus, W. Bonnar, R. W. Belt, A. Cameron, T. W. Duncombe, R. M. Fairchild, F. W. Fairbairn, H. H. Graham, W. H. Macdonald, W. M. Natrass, J. F. O'Keefe, T. Sullivan, A. D. Smith, J. Urquhart, S. A. Metherell, E. R. Woods, J. D. Wilson.

*Primary Scholarship*—W. H. Macdonald.

*Honors*—Messrs. Bonnar, Natrass, Backus, and Smith.

*First Year Scholarship*—Mr. Jenner.

**THE INTERNATIONAL MEDICAL CONGRESS.**—The arrangements for the Congress which takes place in London, Eng., on the 3rd of August, are fully completed. Sir James Paget delivers the inaugural address. Other addresses will be given by prominent men of different nationalities, viz.: Prof. Huxley, Prof. Volkmann of Halle, Dr. Billings of Washington, and others. A very large attendance is anticipated.

**REGISTRATION OF DISEASES.**—From what we can learn from reliable sources the Dominion Government is about to make some arrangement for the registration of diseases prevalent in different parts of the country. This we assume is simply to be a stepping stone to some larger scheme of public health and vital statistics, and as such we gladly welcome it. The question of jurisdiction however in reference to public health is still a vexed one, but from all the information before us at present we incline to the opinion that the local governments alone have full control in these matters; any action of the Dominion Government must therefore be of an advisory character merely. If this be the case, we hope to see the defect in the constitution remedied, so as to enable the Government to establish a National Board of Health with powers similar to those of the National Board at Washington. In the meantime the registration of diseases may be proceeded with by the appointment of a registrar, whose duties might be made somewhat similar to those of the registrar-general of Great Britain, and if a thoroughly competent medical man who has the confidence of the profession is appointed, (which we trust will be the case) much good may be accomplished. The names of Dr. Playter, editor of the *Canada Health Journal*, Dr. Taché of Ottawa, and Dr. Canniff of Toronto have been mentioned in this connection, and we have no doubt that either of these gentlemen would satisfactorily discharge the duties to be entrusted to them in this matter.

**ONTARIO MEDICAL COUNCIL ELECTIONS.**—The election of a representative for the Bathurst and Rideau Division in the Medical Council of Ontario, in the place of Dr. Mostyn (deceased), will take place on Tuesday the 17th day of May next. The election of a representative for the Quinté and Cataraqui Division in the room of Dr. C. A. Irwin who has resigned, will also take place on the same date. Dr. Tracey, of Belleville, and Dr. Day, of Trenton, are candidates for election to the Medical Council in the latter Division, and Dr. J. G. Cranston, of Arnprior, and Dr. J. D. Kellock, of Perth, in the former.

**HYDROLEINE.**—This preparation is receiving the highest commendation in all quarters where such a remedy is indicated. The increase in weight, which follows its use in the great majority of cases,

shows unmistakeably the benefit to be derived from its administration in all wasting diseases. We confidently recommend it to the profession.

**VICTORIA UNIVERSITY.**—The following are the names of the successful candidates at the recent examinations in this University:—

M.D.—W. H. Aikins, W. C. Edmonson, F. Howitt, A. C. Jones, M. Wallace, G. S. Bingham, R. R. Tellor, M. A. Nicolson, L. M. Sweetnam, W. Gunn, J. G. Mennie, R. M. Fisher, H. W. Aikins, H. R. Elliott, S. A. Bosanko, A. G. Machell, G. Wilcock, W. J. Tracey, W. A. D. Montgomery, W. J. Charlton, G. W. Haken, A. Chapman, J. C. Burt, J. McBride, J. M. Cotton, J. Simpson, W. Gilpin, R. S. Frost, E. A. Nealon, H. Y. Baldwin, R. Cotton.

PRIMARY.—R. B. Coulter, W. H. Montague, W. Cuthbertson, H. P. Jackson, M. R. Collver, E. Laws, G. Wyld, J. Z. Wild, W. J. Kellow, R. J. Burton, C. S. Grafton, J. W. Wilmott, J. B. Whitely, F. P. Drake, M. R. Elliott, G. W. Clendinning, A. D. Watson, E. M. Hewish, C. J. Wilson, J. F. Carroll.

**MCGILL UNIVERSITY, MONTREAL.**—The following gentlemen have successfully passed the primary and final examinations in medicine in this University, and the degrees and honors were conferred at the Convocation, March 31st:—

M.D., C.M.—S. A. Bonesteel, T. L. Brown, P. Cameron, J. H. Carson, W. Cormack, H. C. Feader, H. D. Fraser, E. C. Fielde, W. L. Grey, C. M. Gordon, J. B. Harvie, H. E. Heyd, H. A. Higginson, D. W. Houston, J. J. Hunt, G. E. Josephs, W. A. Lang, E. J. Laurin, H. Lunam, B.A., R. T. Macdonald, E. A. McGannon, K. McKenzie, F. H. Mewburn, W. Moore, W. C. Perks, T. W. Reynolds, E. J. Rogers, J. Ross, B.A., J. W. Ross, T. W. Serviss, J. C. Shanks, W. A. Shufelt, E. H. Smith, W. Stephen, A. D. Struthers, J. E. Trueman, G. C. Wagner, and J. Williams. Holmes Gold Medallist—James Ross, B.A. Prizeman—J. L. Ross. Hon. Mention—Perks, Heyd, Laurin, Josephs, Grey, Shufelt, and Rogers.

PRIMARY.—C. E. Allen, F. C. Bangs, S. A. Bonesteel, J. C. Bowser, C. O. Brown, C. E. Cameron, J. W. Cameron, A. M. Cattenach, H. J. Clarke, W. C. Cousins, W. J. Derby, G. A. Deardan, J. J. Gardner, J. A. Grant, B.A., J. Gray, C. B. H. Hanvey, J. A. Hopkins, J. H. Harrison,



R. J. B. Howard, B.A., W. D. B. Jack, B.A., P. N. Kelly, J. S. Lathern, J. B. Loring, R. K. McCorkill, W. J. Musgrove, F. S. Muckey, T. P. O'Brien, T. A. Page, A. P. Poaps, A. J. Rutledge, C. Rutherford, M.A., W. McE. Scott, G. A. Sihler, E. W. Smith, B.A., A. Stewart, and W. E. Thompson. A few others passed on certain subjects. Prizeman—R. J. B. Howard, B.A. Sutherland Gold Medallist—C. E. Cameron. Hon. Mention—Cameron, Lathern, Scott, and Gardner. *Botany Prize*—G. A. Graham. *Collection of Plants*—J. C. McRae and J. J. Meahan. *Practical Anatomy*—C. E. Cameron.

Lieut.-Governor Robitaille, M.D., of Quebec, received the *ad eundem* degree of C.M., M.D., from Bishop's College at the recent convocation.

**MEDICAL LEGISLATION IN NEW BRUNSWICK.**—The medical profession in New Brunswick is to be congratulated on having succeeded in getting a medical bill through the Legislature this session, which will stop for the future the free trade in medicine which has heretofore existed in this Province. A matriculation examination and a four years' course are among the requirements for future registration.

**BOARD OF HEALTH IN INDIANA.**—A State Board of Health has been recently established in Indiana, chiefly through the efforts of Dr. Thad. M. Stevens of Indianapolis. It is in the main a copy of the Michigan State Board, but the board consists of five instead of seven members. County and City local boards are also provided for.

**INCISION INTO THE PERICARDIUM.**—In another column will be found the report of a case in which an incision was made into the pericardium for the removal of a collection of pus. The patient, a child ten years of age, made a good recovery.

**CORONERS.**—G. A. Routledge, M.D., of Lambeth, has been appointed Associate Coroner for the Co. of Middlesex, Ont. Dr. W. E. Cornell, of Thedford, has been appointed Associate Coroner for the Co. of Lambton.

Sir William Jenner, M.D., K.C.B., has been elected President of the Royal College of Physicians, of London.

**REMOVAL.**—Dr. Clarke, late of Chesterville, Ont., has commenced practice in Peterboro.

**APPOINTMENTS.**—Dr. Irwin, of Wolfe Island, has been appointed Professor of Medical Jurisprudence in the College of Physicians and Surgeons, Kingston. This will cause a vacancy in the Medical Council.

Dr. John B. Murphy, of Belleville, has been appointed Surgeon of the Deaf and Dumb Institute, *vice* Dr. Hope, resigned.

Dr. Wm. Hope, of Belleville, has been appointed Sheriff of the County of Hastings.

Dr. R. W. Garratt, of Barriefield, has been appointed House Surgeon of the Kingston General Hospital for the next six months.

The death of Dr. R. O. Cowling, the talented editor of the *Louisville Medical News*, Ky., is announced in our American exchanges. Also the death of Dr. Isaac Ray, of Philadelphia, the author of "Medical Jurisprudence of Insanity," in the seventy-fifth year of his age; also Dr. Otis of the U. S. Army Medical Service.

#### DR. ALLAN H. FRASER.

It is our painful duty this month to chronicle the death of Dr. Allan H. Fraser, of Brockville, Ont., in the 52nd year of his age. He graduated at McGill College, Montreal, and subsequently went to London, Eng., to perfect himself in his profession. At that time the Turkish army service was a popular one with young British surgeons, and accordingly he entered the service. A short time afterwards the Crimean war broke out and the Dr. was at Kars during its famous defence by Sir Fenwick Williams. His services were acknowledged by the Sultan, from whom he received decorations and medals of distinction, and was known as the "clever Canadian." Subsequently he became a surgeon in the British army, served in the Crimea, and witnessed the celebrated charge of the Light Brigade at Balaklava, immortalized by the poet Tennyson. After the close of the war he returned home and shortly afterwards joined the medical service of the United States army during the civil war. At the close of the war he received the American war badge. Subsequently he practised for a few years in New York city, and about twelve years ago he removed to Brockville, where he practised up to the time of his death. At the time of the Fenian troubles he was appointed Post Surgeon, by Adju-

tant-General McDougall, and was afterwards attached to the Canadian Rifles, and in charge of all the Canadian gunboats at Prescott. In 1875 he married the youngest daughter of the late Col. D. A. McDonald, who now laments the loss of an affectionate husband. He was kind and generous to a fault, and was much respected by all classes in the community. It is to such men as Dr. Fraser that Canada owes much of the estimation in which she is held for manly intelligence by the world at large. *Requiescat in pace.*

**THE ALABASTER BOX.**—Do not keep the alabaster box of your love and tenderness sealed up until your friends are dead. Fill their lives with sweetness. Speak approving, cheering words while their ears can hear them. The things you mean to say when they are gone, say before they go. The flowers you mean to send for their coffins, send to brighten and sweeten their homes before they leave them. If my friends have alabaster boxes laid away, full of perfumes of sympathy and affection, which they intend to break over my dead body, I would rather they would bring them out in my weary hours, and open them, that I may be refreshed and cheered by them while I need them. I would rather have a bare coffin without a flower, and a funeral without a eulogy, than a life without the sweetness of love and sympathy. Let us learn to anoint our friends beforehand for their burial. Post-mortem kindnesses do not cheer the burdened spirit. Flowers on the coffin cast no fragrance backward over the weary days.—*Exchange.*

### Books and Pamphlets.

**ROCKY MOUNTAIN HEALTH RESORTS.** By Charles Denison, A.M., M.D., second edition. Boston : Houghton & Co. Toronto : Willing & Williamson.

The writer of the above work has evidently enjoyed long opportunity for treating on the subject. Practitioners are frequently at a loss how best to decide on a locality fitted for their patients suffering from lung diseases, and at the same time easily accessible by railroad. To our brethren experiencing this difficulty, we would strongly recommend a perusal of this interesting work.

**A TREATISE ON THE MATERIA-MEDICA AND THERAPEUTICS OF THE SKIN.** By Henry G. Piffard, A.M., M.D. New York : Wm. Wood & Co. Toronto : Willing & Williamson.

There is scarcely any department of medicine to which until recent years from the labours of Wilson, Fox, Duhring, Hebra, and others, the attention of practitioners had been comparatively so little directed. The works of the above-named, for students and men occupied in large practice, would frequently be found too exhaustive references, for which we would advise the purchase of this manual. The first one hundred and thirty-five pages is devoted to a consideration of the drugs that from time to time have been recommended by different writers in the very numerous varieties of skin disease. Following the title line each drug is considered under four general heads indicated by the letters A, B, C and D.—Under A are embraced effects on healthy skin following the ingestion of the drug. Under B the effects produced on healthy skin by local application. Under C, the cutaneous affections in which the drug has been found curative or useful when administered internally, and under D, those in which the drug has proved useful when locally applied. The remainder of the work, one hundred and ninety-one pages, is occupied with a description of the numerous forms of skin disease, the discussion of which is undertaken at length, sufficient not only for the student but also for the general practitioner, and the work as a whole may be considered a valuable manual on the subject.

**A TREATISE ON ALBUMINURIA.** By W. Howship Dickenson, M.D., Cantab. New York : Wm. Wood & Co. Toronto : Willing & Williamson.

This volume is one of three written by its distinguished author upon "Diseases of the Kidney and Urinary Derangements," and is intended to be a complete treatise on the subject on which it treats. The work is illustrated with eleven plates and thirty-one woodcuts. The nineteen chapters of the volume exhibit lucid and comprehensive disquisitions on the structure of the kidney in health and disease, on albuminous urine and fibrinous casts in their general relation to the pathology of the kidney, pathology of nephritis, clinical history and symptoms of nephritis—causes of nephritis considered in detail. Treatment of pathology of granular degeneration. Clinical history of granular degeneration. Symptoms of granular degeneration of the kidney and treatment. Pathology of the lardaceous disease. Clinical history, symptoms and treatment of lardaceous disease of



the kidney. On the condition of the heart and arteries in chronic renal disease. On the retinal changes common to albuminuria. The blood in albuminuria. General comparison of the three forms of renal disease. Alcohol as a cause of renal disease, and climate in relation to renal disease. Did our space permit we would enter at greater length into the merits of this very excellent work ; in the meantime we recommend it as the best on the subject we have ever perused, displaying a ripe scholarship and intimate acquaintance with the literature of the subject.

A MANUAL OF DISEASES OF THE THROAT AND NOSE. By T. H. Bosworth, A.M., M.D. New York : Wm. Wood & Co. Toronto : Willing & Williamson.

In addition to the previous works on these subjects, by Dr. J. Solis Cohen, and Dr. Morell McKenzie, some time ago noticed in this journal, we have this additional candidate for professional patronage. Men will be fond of what they are conscious of excelling in ; the fruits of this very minute attention to specialisms, however, bid fair ere long to leave to the general practitioner, as Dr. Maughs in his Medical Ultraisms humorously puts it, little more than the care of the umbilicus. The plan of the work embraces acute catarrhal inflammation, chronic catarrhal inflammation, acute follicular inflammation, chronic follicular inflammation, croupous inflammation, diphtheritic inflammation, anatomy, and physiology of the nose, pharynx, larynx ; tumors, artificial openings into the air passages, extirpation of larynx, &c., &c. There are a thousand excellent hints in this volume which is an eminently practical manual, equally creditable to author and publisher, well illustrated, and altogether a work to be recommended to both student and practitioner.

ZIEMSEN'S CYCLOPEDIA OF PRACTICE OF MEDICINE. Wm. Wood & Co., Volume ix. Willing & Williamson.

The contributors to this volume are Professors Ponfick, Thierfelder, Von Schnepfel, Heller and Juergensen. Subjects—Various diseases and parasites of the liver, diseases of the biliary passages and portal vein, interstitial pneumonia, cirrhosis and bronchiectasis. In previous reviews of the several volumes of this great work we have expressed the most favourable opinion of the exhaustive manner

in which the large array of contributors have executed their tasks, of their opportunities, zeal and acquirements ; it is therefore only necessary to remark that the writers on the subject above detailed, have offered substantial evidence of fitness for the labour assumed. As a work of reference this Cyclopædia is invaluable.

PHYSIOLOGY IN THOUGHT, CONDUCT AND BELIEF, by Daniel Clark, M.D., Med. Supt. Asylum for the Insane, Toronto. (Reprinted from the "Canadian Monthly" for April, 1881.) Toronto : Rose-Belford Publishing Company.

COLORADO FOR INVALIDS, by S. Edwin Solly, M. R.C.S. Eng., L.S.A. Lon., Fellow of the Royal Medico-Chirurgical Society, Vice-President of the Colorado State Medical Society. Gazette Publishing Co., Colorado Springs, Colo.

FALLING OF THE HAIR.—Mr. James Startin, in the *British Medical Journal*, suggests the following application in general loss of hair without obvious cause :

R Ung. petrolei,  
Ol. ricini, aa ss ;  
Hyd. ox. rub., gr. v ;  
Liq. ammon. fort., f3ss ;  
Ol. rosmarini, gtt. v.—M.

### Births, Marriages and Deaths.

At the Mohawk Church, Brantford, on Tuesday, 12th April, by the Ven. Archdeacon Nelles, Dr. William T. Harris to Mary Maude, only daughter of Egerton Griffin, Esq., M.D.

At Brockville, Ont., on the 3rd ult., Allan Hugh Fraser, M.D., youngest son of the late Colonel Richard D. Fraser, in the 52nd year of his age.

At St. Michel (Bellechasse), Que., on the 8th of March, Edward S. Belleau, M.D., in the 67th year of his age.

At Headingley, Manitoba, on the 25th of March, Dr. H. S. Beddome, aged 52 years.

On the 21st ult., Dr. D. W. Lundy, of Albany, Ill., formerly of Sharon, Ont., aged 40 years.

On the 21st of Feb., Dr. D. C. McCarthy, of Brechin, Ont., aged 30 years.

At Lincoln, Maine, on the 3rd of April, Dr. J. C. Shreve, formerly of Summerside, P. E. I.

\* \* \* The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.

# THE CANADA LANCET,

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## Original Communications.

### APHASIA OR ALALIA.

*Delivered before the Medico-Chirurgical Society of Ottawa.*

BY J. A. GRANT, M.D., M.R.C.P., LOND., ETC., ENG.,  
PRESIDENT.

In this age of progress, the strain upon the system is varied and interesting, and no where is such more observable than in the alterations and vibrations of nerve power, in the genus homo, the outcome not alone of the great intellectual struggle, but of the requisite effort to grapple with the varied circumstances of life. Thus we daily observe how diseased manifestations find their way to the surface, and complicate the distribution of that nerve power so requisite to maintain functional activity and organic structural perfection, in the most comprehensive sense. No question is now attracting a greater degree of interest than that of "cerebral localization." Fashion and new fangled phraseology are certainly very attractive, still we cannot underestimate the importance of the new facts which have resulted from recent and careful investigations. In the brain we have represented a very confederation of varied and diverse nerve centres, not conflicting in their actions, but rather working together as a whole, for the maintenance of health and vitality. Careful investigations having defined in a manner, physiological functions of certain cerebral parts, we have thus clearer ideas of any pathological conditions which may develop. Thus from the normal healthy nerve centre and defined function, have we a clue to the abnormal deviation of nerve power. The more carefully we inquire into this subject, the more self-evident it becomes, that great care is necessary in making a physiological analysis of the disorders or deviations of speech, in those suffering from lesions of the

brain. How strangely disease within the encephalon frequently acts, notwithstanding the close aggregation of the various parts of the brain. For example, hydrophobia, one of the most fatal of nervous diseases, presents after death, no particular histological changes, and in some cases of violent forms of insanity, no clue to the exact cause has been traced to pathological changes in the brain substance. The problem of mind and matter is one which for many years has disturbed many of the most careful physiologists. Of such we have ample proof in the writings of Brown Sequard; Ferrier, Hammond, Maudsley, Winslow, Ecker, and others well known to the profession. Careful inquiry, in the hands of special observers, is gradually developing a degree of information, satisfactory in character, and much closer to the point than the original ideas of Cabanis, who conceived the idea, that mental manifestations are as much secretions of the brain as bile is of the liver. Brain power controls glandular action. Bile force and brain force each play their part in the animal economy, but act very differently. The one we see and trace in its normal and abnormal distribution, the other we call a force, and know it to be very closely associated with the phenomena of life. Such are the problems which complicate the whole domain of cerebral physiology. The advance in physiological knowledge, since the days of Sauvages and the two Franks, is very considerable, and although for many years a comparative quietus stole over the minds of observers in this respect, we find that since the days of Lockhart Clarke and other cotemporaneous continental workers, much light has been thrown on the whole subject of pathological inquiry by the action of chemical agents on brain substance, and subsequent microscopic examination. This particular era, marked the whole upward tendency of physiological anatomy, and has been the means of conveying to us many of the advanced ideas we possess, based on clinical facts, substantiated by physiological and pathological data.

In order to arrive at a proper estimate of the question of Alalia or Aphasia, it is considered sufficient, by some of our most acute observers, to note carefully a certain number of cases, and to seek in each for the mode of manifestation, of the anomaly of speech. Thus alone is the idea dissi-



pated, that the faculty of articulate language can be regarded as an indivisible entity, having a specific organ in sole command. The anatomical-physiological method of analysis, is the only satisfactory basis of enquiry in this compound subject. Since the days of Hippocrates the phenomenon, aphasia, was known and described in a certain sense. The more carefully we enquire into the peculiarities of each case, the more we observe the diversified character which surrounds, and complicates the precise point of nervous disturbance, at fault. Hence the difficulty of specific terms, such as aphasia; alalia; (dyslalia, disordered speech); dysphonia, alterations in the quality of voice, &c. As examples bearing on this interesting subject, I shall cite the three following cases:

CASE I.—Mr. H. V., æt. 53 years, married, and a family of four children; thin conformation of body; has enjoyed tolerably good health excepting a few attacks of rheumatism, since 1863; of a modified character, and never complicated with either endo- or pericarditis. In 1860 had an attack of partial loss of speech, in which there was chiefly a thickness of articulation, although not entire loss of power. This condition continued fully an hour, when complete ability to articulate returned, followed by a confused feeling about the head for fully two days, when work was resumed as usual. At the onset of the attack the prostration was such as to render the task of making out the way from his mill to the house, near at hand, somewhat difficult. April 15, 1881, was again seized with dizziness and imperfect vision, followed by almost entire suspension of the power of speech; only a word or two on any point could be pronounced at the one time, although the brain was apparently cognizant of what was passing on around. This attack lasted about twelve hours, during all of which time there was unusual excitability of the whole nervous system and comparative inability to sleep. No paralysis whatever of any other portion of the body, and throughout the other movements of the tongue and lips were regular, and deglutition and respiration quite normal. Two weeks previous to attack, received a severe saw wound in the hand, necessitating the removal of the little finger, otherwise, there was no apparent cause. Has been a constant slave to tobacco. At present as well as usual, enjoying normal functional activity. In this case it is evident there was but a partial disorder

of co-ordination of the movements required for the articulation of sounds, glosso-ataxy, but deglutition was not interfered with, although the motor element in the function of deglutition, and those controlling the articulation of sounds, are closely allied at their origin, in the medulla oblongata. Thus, we observe how clinical facts point out a duality of power more conservative than conflicting, and not unlikely in this particular case, rendered defective in the speech sense, by the accumulative toxic effects of nicotine.

From the low asthenic state of the system, and evidently defective blood supply to the nerve centres, a stimulating method of treatment was adopted, which was productive of the most beneficial results.

CASE II.—J. G., æt. 55, of strong conformation of body, and in excellent health generally, except in 1875, when an attack of acute hepatitis supervened, however, of short duration. Never had acute rheumatism, although the family history points in that direction; always active and energetic in life, and possessed of well-developed physical power. In May, 1861, without any apparent cause, or even premonitory indication, there quite suddenly developed a slightly defective power of speech, which only lasted a short time and passed away without leaving even a trace of defective nerve power. In March, 1880, an unaccountable degree of drowsiness was observed during the discharge of ordinary business duties, which, however, attracted no particular attention. March 16th, 1880, during the night awoke suddenly and found inability to speak, or even articulate a word distinctly, still there continued an ability to move and protrude the tongue, and although apparently conscious, the ideas could not even be communicated intelligently, by writing. After a lapse of six hours the power of speech returned, which appeared to be materially aided by a full bleeding from the arm. Has always been a moderate liver, and never troubled with indigestion or its consequences. Since that date he has enjoyed very fair health, and the only noticeable fact, is an occasional disposition to drowsiness, even although sleep had been ample and composed during the night. Never experienced any injury about the head or body, and in fact was never subject to any illness whatever, beyond the above, and the hepatic attack specified. Had no difficulty in swallowing,

during the existence of defective lingual power. At present enjoys very good health, and exhibits no impairment of power in the nerve centres. The will to speak in this case during the attack was not completely impaired. There was an effort made to answer, without the power to carry it out. There was here not only a degree of central stupor or hebetude, but also a loss of memory of words, exhibited in the defective power to write. A full, bounding pulse, and evident plethoric condition of the system indicated free depletion, which being carried out, resulted most favourably. As the removal of the stop logs in our river jam gives freedom to the onward flow of the timber, so the removal of the stop globules, likely arrested, in some portion of the basal brain nerve centres, gives increased power and vigor to parts suffering from some partially arrested blood supply. No portion of the whole system requires a more healthy and vigorous supply of blood than the brain, in order to perform its functions regularly, in the most comprehensive sense, hence the necessity of vigorous action, adopted under such circumstances.

CASE III.—R. C., æt. 9½ years; thin conformation of body, but regular as to shape in every particular, with, however, preponderating nerve-power, giving indications of precocity considerably in advance of his years. April 7th, seized with obstruction of the bowels, which after several hours was relieved by a hot bath and frequent enemata, the following day being comparatively easy. On the evening of the 9th, without any apparent cause, he was attacked with acute congestion of the right lung, which rapidly extended to the left chest superiorly. On the 10th complained of seeing objects double (diplopia), and followed on the 11th and 12th with loss of articulation of sounds (glosso-ataxy) deglutition at the same time being considerably interfered with. Hearing and consciousness continued throughout, except at occasional short intervals, when partially insensible brief periods passed over, associated with excessive dilatation of either iris and squinting, which suddenly disappeared on the application of light, thus giving evidence of more than ordinary muscular tonicity in the visual organs, as well as more power in the centres of supply. On the evening of the 12th, sudden and unexpected pain developed in the ilio-cæcal region, there being great tenderness on

pressure, and inability to bear even the clothing. The pain rapidly extended to the entire abdominal walls, thus complicating matters very considerably, although the bowels had been well regulated by enemata. As suddenly as the abdominal pain supervened, the head symptoms quite subsided, the iris became normal, squinting removed, power of speech and deglutition restored, in fact a phase of affairs, which looked exceedingly like metastatic action, whatever the precise cause. On the 15th, the lung trouble had about cleared. After considerable effort, and for fully ten days from this date constant attention was necessary to guard against the consequences of this certainly irregular and doubtful abdominal complication. In this case the first point of interest is the fact, that associated were observed, aphasia, the result of want of co-ordination in the movements required for the articulation of sounds, glosso-ataxy, and decided interference of the function of deglutition, both being connected with the same motor nerves. In case I., such was not observed, perfect deglutition, and glosso-ataxy being well defined at one and the same time. Thus the physiological presumption that both functions having a common nervous origin and supply, should *a priori* have been simultaneously affected, has not been realized in this particular instance. This difficulty is partially explained by the fact, that the central tracts which unite the points of origin of the medulla to the cortical layer of the hemispheres, have fasciculi which convey will-power, regulating both deglutition and verbal articulation. Thus, we observe the interesting manner in which clinical facts strengthen the idea of the duality of power in the nervous tracts connecting the *brain proper* with the medulla, so vigorously contended for in the able investigations of Schroder Van der Kolk.

In case III., the development of aphasic complication points to the idea that not only might the debris of disintegrating elements in the mesenteric capillaries become the subject of future minute vascular interruption, but the tear and wear of lung tissue as well, where so important a vital process is involved, thus giving rise to secondary changes, embolic or otherwise, rendering partially defective the nervous supply, as developed in this particular instance. In these three cases no paralysis beyond the aphasic conditions was observed although in the majority of such, paralysis of the right



side particularly, is a common associate. The late Broca, of Paris, "from that fact chiefly located the seat of articulate language" in the third left frontal convolution. This idea is also carefully received and recorded by Austin Flint, DaCosta and Reynolds. Dr. Gall, one of the original observers on this point, inclined to the belief that the faculty of speech had its place in those portions of the anterior lobes of the brain which lie on the supra-orbital plates. MM. Dax, Bouillaud, Jackson and Trousseau, have each most carefully examined into this subject, and still we observe, as in all matters of science, considerable uncertainty and diversity of opinion, so far as the precise question of locality is concerned, as well as that of right or left side. The facts of side and locality, though in the aggregate, common in one direction, have well defined exceptions, and thus we observe how difficult it becomes to advance any absolute laws, in connection with the great motive nervous power which regulates the system.

In connection with the cases of aphasia at present noted, there are a few points of additional interest to which I shall briefly refer. In the primary attack of Case I., the onset was sudden, in fact, almost instantaneous, but the second attack was only acute, occupying some hours in its development.

Case III., subacute, and marked in the first week of the general illness. These divisions, with the exception of the chronic form, correspond very nearly with the defined classification of Gowers in connection with diseases of the spinal cord, and indicative of some vascular, inflammatory, or degenerative condition. Gowers considers a lesion of sudden occurrence developing symptoms in the course of a few minutes, to be generally vascular in character. In the acute and subacute forms, the symptoms develop more slowly, from a few hours to a few days, and the acute and subacute varieties, from a few hours or a few days to a week or two. Chronic inflammatory causes extend into a few weeks or a few months. It is considered that the conditions which favour hæmorrhage, are of far less diagnostic value, with regard to the spinal cord, than the brain.

A fourth case of aphasia, in a gentleman aged 54 years, came under observation in February last, associated with hemiplegia, and the result of syphilitic disease, in which both

the motor and sensory nerves were affected. More than likely the growth of syphilomata, springing from the connective tissue of the membranes, or tissue about the basal convolutions of the brain was the cause of the attack. "In cases of degenerative neural disease, it does not appear that the anatomical process presents any recognizable difference from that which occurs as a result of other causes. (Gowers on the cord, p. 68.)" He considers that rapid improvement of the disease, under potass iodide or mercury is strongly corroborative as to the diagnosis of syphilitic disease. Still there are conditions such as neural changes, softening, degeneration, etc., states of the nervous system reached not readily by medicinal treatment. Considering the manner in which defective brain power or nerve power operates on the functions of the system locally and generally, it appears prudent in all such cases to inquire into the conditions of muscular nutrition and irritability, as in the examination of the spinal cord; how various symptoms developed; and what were the most likely causes of their production? Daily practice points out how exceedingly difficult it is, occasionally, to decide between functional diseases, depending upon transitory impairment of the functions of the cord itself and the central functions. So also, many states of the brain are complex and difficult to determine either as to cause or precise character. From these varied considerations, it is evident the method to be followed, and the various signs necessary to be inquired into, to arrive at an approach to accurate diagnosis in cases of aphasia are very considerable, and are thus briefly put by Jaccoud, *Gaz. Hebdomadaire*, 1865. "The mobility of the tongue; the articulation of sounds; the preservation or absence of the ability to read mentally; of memory of words; of ability to write, and lastly, the gauging of the intellectual condition."

Difficulties may arise to obscure diagnosis, but such points made out, always will afford some clue to the character of this interesting disease, concerning which I have endeavored to bring together a few facts.

Ottawa, May 12th, 1881.

ANOTHER case of nephrectomy in a child, with suppurating and cystic kidney, was performed recently at the Evelina Hospital, New York, by Mr. Marrant Baker. The child was at last accounts, doing well.

## THE PATHOLOGY OF TUBERCLE.

BY C. SHEARD, M.B., M.R.C.S., ENG., TORONTO.

Prof. of Physiology, and Normal and Pathological Histology, in Trinity Medical School. Read before the Toronto Medical Society, April 21st, 1881.

The subject of the pathology of tubercle is with the modern improvements in the methods of its examination becoming every day more interesting, by renewed consideration of its manner of growth and deposit. I believe such knowledge will yet be attained as will aid us in *preventing* the initiatory deposit of that growth, which, when deposited, unfortunately resists too powerfully our efforts to procure its removal. I revert to the subject of tubercle, strong in the belief of the frequent association of *tubercular phthisis and simple catarrhal pneumonia*.

I will avoid unnecessary theorizing and intend my paper to be more an answer to two questions, viz. :—

What is tubercle? and how is it produced?

*Firstly*—As to what tubercle is. According to the old doctrine of Lâennec, tubercle was regarded as “the product of a peculiar constitutional disease”; that it never could be developed out of a simple inflammation, such as in the lungs from an acute or chronic pneumonia, or take its rise from a bronchial hemorrhage; that it was a *specific growth ab initio*.

Virchow, whose merits in this field of pathological research are very great, goes, I think, too far in asserting as he does, that even the doctrine of miliary tuberculosis is founded upon error, and that *all* the alleged miliary tubercles of the lungs are *bronchitic, peri-bronchitic and pneumonic deposits*. This remark I think not altogether true, since it is by no means of rare occurrence for the same transparent gray granules, which in acute miliary tuberculosis are scattered in great number through the lungs and most organs, and whose tubercular nature can hardly be questioned—to be met with also in phthisical lungs, but I think there is sometimes a danger of mistaking for tubercles, dry concretions of pus present in partially occluded bronchial tubes. We frequently see by the side of miliary tubercle, yellow cheesy deposits occurring in the form of miliary granules, and which, I think, we must consider as original tubercles, having undergone the caseous or semi-fatty change.

We have no proof that these cheesy miliary deposits are the products of vesicular pneumonia. We have no criterion by which to distinguish a cheesy tubercle from a cheesy miliary granule of inflammatory origin—and when examined microscopically, these deposits show themselves to possess some of those elements which enter into the formation of a true grey miliary tubercle. On examining microscopically a section of a grey miliary tubercle, we see its structure to be as follows :—A large quantity of fibrine partially organized, forming a meshwork or framework for the support of other elements, which framework stains dark, blue or black in hæmatoxylin solutions.

In and between the fibres are found clear spaces which presumably have been filled during life with *mucus or serum*, and supported by the framework are found *cells* of three distinct kinds :—1st. The small, shrivelled, contracted and dark cell, which Niemeyer has regarded as the tubercular cell *par excellence*, and which are undoubtedly shrivelled and contracted leucocytes. They have no demonstrable nucleus, and are found abundantly through the deposit and in the tissue surrounding that deposit. They are identical in their microscopical characters with cells frequently found at the peripheral part of scirrhus, described as indifferent cells, and which vary from the tubercular cells only in their number and in their less compact arrangement.

2nd. Cells larger than the preceding ones, with their protoplasm differentiable into nuclear and perinuclear portions; these are epithelial cells shed from the alveolar wall during the process of inflammation.

3rd. I may mention giant cells occasionally found in miliary tubercles about to undergo fatty change; these are simply large masses of protoplasm with an attempt at the formation of a nucleus. For my own part I have never succeeded in satisfactorily demonstrating giant cells in connection with tubercle. I have found them in connection with necrosed bone, and also in amyloid degeneration of the kidney, but never in tubercle.

This deposit so composed, fills the whole of the alveolus of the lung. When there deposited it is adherent to the alveolar walls and spreads by infiltration of the adjoining tissue with those small cells first described.

In comparing the microscopical character of a



section through a grey miliary tubercle with that of true adenoid tissue, we find in the latter a more regular arrangement of the small round cells of adenoid tissue—an absence of branched leucocytes, the presence in their places of large oval endothelial cells peculiar to adenoid tissue, and lastly, what I regard as the most reliable differentiating test between tubercle and adenoid tissue is that when sections of the latter are shaken with water in a test tube the cells separate, leaving a perfect reticulation of reteform tissue destitute of cells, whilst in the former, although shaken until the tissue breaks down, the cells never leave that fibrous meshwork in which they are held. I do not agree with those who regard tubercle as a modified adenoid tissue, and much less do I agree with those who regard tubercle as being always associated with endothelial cell proliferation. Who can deny the frequency with which tubercle originates within the walls of the alveoli of the lungs altogether removed from any endothelial cells? Many have quoted Klein, (the original discoverer of the endothelial cell) as an advocate of this latter view, but in this he is misquoted. In his treatise "On the Relations of the Lymphatic System to Tubercle," he states, that after the appearance of the tuberculous change in the alveoli, the lymphatic trunks become enlarged in the neighbourhood of the blood vessels, this enlargement being in all probability due to the presence of inflammation. The character of the tubercular deposit in the lung is, that it never leaves the alveolar wall.

Let us contrast with this the exudation in catarrhal pneumonia. In the latter we have a large quantity of fibrine, newly organized, staining in hæmatoxylin solutions of a pale green colour. The fibrinous bands are thick and opaque. In the meshes of the fibrinous framework are leucocytes, large, free from pressure, and usually abundant. This mass of exudation is usually balled up in the centre of the alveolus. How much then do these two products resemble each other in their structural features? A little longer stage of development given to the pneumonic exudation, so that its fibrine might become firmer and more highly organized, its leucocytes more contracted, and their protoplasm more condensed, completes their transformation into the tubercular cell. Given a constitution where the absorbents are less active, so that inflammatory exudations are allowed to re-

main unabsorbed, and you have those conditions required to convert a simple inflammatory exudation into a mass of true tubercle.

I was recently asked to examine, microscopically, a large mass of exudation found upon the parietal peritoneum of the abdomen. The mass was about  $1\frac{1}{4}$  inches in thickness at its thickest part, and about 3 inches in width; it extended from a point corresponding to the position of the umbilicus downwards toward the right ilium. Scattered through the intestines were masses of *tubercle*. Tubercles and enlarged mesenteric glands were found in the mesentery, and masses of lymph gluing together the coils of the intestines. I thought the mass in question was a mass of dry lymph, but on examining it microscopically I found it to be composed mainly of lowly *organized fibrine*, abundance of large branching leucocytes and a number of small, round, regularly-shaped nuclei, identical with the tubercle cells. This was not one of those masses of adenoid tissue so frequently met with in the peritoneum, since it was markedly different in its histological characters; neither did it respond to the test as previously mentioned. This I submit as an example of an exudation standing midway between simple inflammatory exudation and a complex tuberculous formation.

From these observations it is plain to my mind the close connection which exists between the products of simple inflammation, which in most constitutions are so ready to undergo absorption and entire removal, and *tubercle* which seldom if ever is absorbed and removed.

*Secondly*—As to how tubercle is produced? Niemeyer answers the question in reference to the lungs, by saying that "when tubercle appears in the lungs it is always as the changed product of a previous pneumonia." In reference to this point I may be permitted to submit a few experiments made upon rabbits by inoculating them, by injecting into their blood—old inflammatory products. The experiments number eight, and consisted of injecting into the jugular vein of a rabbit about 3ss of caseous lymphatic gland dissolved in saline solution and milk. The solution was slowly injected, the puncture allowed to heal, and the lungs examined after a period varying from two to ten weeks. At the end of these periods inflammatory products were found in the lungs—those of the earliest stages were the products of simple inflam-

mation, but those of later stages showed all the microscopical characters of true tubercle, but the most interesting feature was the situations where these were found; they were found either *between the alveolar spaces, beneath the pulmonary pleura or immediately surrounding the arterioles*. In no case was the deposit present primarily in the alveoli, but when present there, occurred only after breaking down of the alveolar septa. Now these three situations, viz., between the air vesicles, around the arterioles, and beneath the pulmonary pleura are known to be the tracts in which the lymphatics of the lung run.

I explain the presence of the deposit in these situations by supposing that the morbid material had been absorbed from the blood by the minute capillary lymphatics, and that after entering them had set up inflammation, and hence these changes. Apart from the theory, however, I think these experiments go to prove the possibility of simple irritation in the lymphatics giving rise to changes which may result in tubercular deposit apart from any previous pneumonia or vesicular deposit.

The insight into the causes of pulmonary phthisis has been materially aided by the better understanding of the nature of the nutritive changes which constitute it, and especially by the discovery of the dependence of tuberculosis upon those other morbid processes which usually precede it. Would we not be more correct—when speaking of the inheritability of pulmonary tuberculosis—to speak of the *disposition* to pulmonary tuberculosis being inherited. Here what is transmitted is not the disease itself, but a weakness and vulnerability of constitution which in the parents has already either been the cause of pulmonary tuberculosis or has only been developed in them by the disease. This weakness and vulnerability of constitution may arise from many other causes than phthisis. Every one knows how extremely liable, patients suffering from diabetes mellitus, are to suffer from a rapid and disintegrating tubercular phthisis.

Experience shows that delicate and ill-nourished individuals have as a rule, little power of resistance against injurious influences, and that generally they fall ill more easily, and recover from their illness slower than the strong and well-nourished. But the weak and ill-nourished differ from the strong and well-nourished, not only in the possession of this vulnerability but also because the in-

flammatory nutritive changes occurring in them, lead, as a rule, to a very abundant production of indurated and perishable cells. It is said of such individuals among other things, that they have a bad skin for healing, because comparatively trifling traumatic injuries cause in them a strong irritation of the injured parts leading to an abundant production of pus cells. This peculiarity seems to depend partly upon the fact that an increased irritability is associated with weakness, partly on the fact that inflammatory irritation of the badly nourished and imperfectly developed organs leads more frequently to the formation of frail and perishable cells than to the formation of those from which young tissue is formed.

I think these pathological data show the important part played by a weakened constitution in the transformation of simple inflammatory products into tubercles.

#### FALL OF FIFTY FEET—FRACTURE OF FOUR RIBS—PLEURO-PNEUMONIA—RECOVERY.

BY A. J. SINCLAIR, M. D., PARIS, ONT.

J. G., aged 26, carpenter, a resident of Paris, always enjoyed good health, except an attack of erysipelas a few years ago, also had small-pox when quite young; temperate, robust looking, and of good family history. The accident occurred November 17th, 1880, as follows:—While at work on the roof of a factory, and while walking from one rafter to another he slipped and fell into the building below, which was four stories high. During his fall, when ten feet from the bottom, he struck a joist. When found he was lying on a heap of bricks on his back, quite unconscious, and was taken up by his fellow-workmen as dead. He soon rallied, and when seen by me shortly afterwards, he was quite conscious, and complained of extreme pain, which he described "as all over him." On examination I found a simple fracture of the 4th, 5th, 6th and 7th ribs on the right side, a little external to the angle; there was no deformity, but crepitus was well marked; pulse 80; respiration catching and diaphragmatic; countenance anxious; almost unable to answer questions, from the difficulty of breathing; extremities cold; no tenderness in the abdomen. Ordered



him to be laid in warm blankets, bottles of hot water to his feet and thighs; applied a bandage fourteen inches wide to his chest, as firmly as he could bear it, and gave him morphia sulph. gr.  $\frac{1}{2}$ , to be repeated every second and third hour till the pain was relieved.

9 p.m.—Patient had the morphia every second hour since I saw him, and still complained of great pain; pulse 120, soft, easily compressed and regular; temp. in axilla 120 F.; slight nausea, but did not vomit; complains of headache; pupils widely dilated, but respond to light; great pain all over the chest; unable to move the right arm; almost unable to speak; respiration 40, jerking; hacking cough, which he suppresses; anxious, haggard look; slight delirium. To continue the morphine, and milk diet to be given sparingly for a short time.

18th, 8.30 a.m.—Patient restless all night; delirium increased till 5 a.m., when he slept for two hours, still complaining of great pain all over the chest, but more especially at the seat of the fracture; no emphysema; the left side is resonant on percussion, on right side slight dulness could be detected, but owing to the extreme tenderness I was unable to examine thoroughly. On auscultation harsh blowing sounds could be heard all over the left side of the apex of the right lung; tubular breathing, over the lower lobes; crepitant rales; respiration 44; wants to cough, but suppresses it; temp. 104° F.; pulse 130; ordered a warm poultice to be applied over the right side, external to the bandage, and in addition to the morphine to have five grain doses of carbonate of ammonia.

2 p.m.—Slept a short time since I saw him, and feels the pain slightly less in the chest, but complains of great tenderness in the right hypochondriac region; pulse 135, temp. 104.3° F.; bowels confined. As he had not passed urine since the accident, I passed a No. 10 silver catheter and drew off about two pints of bloody urine; cough extremely troublesome; expectoration scanty and slightly rusty.

10 p.m.—Patient is a little easier, pulse 135, temp. 104° F., respiration 45, unable to bear even the weight of the bedclothes in the right hypochondriac region; again passed the catheter and drew off about twelve ounces of bloody urine.

19th—9 p.m.—Patient slept a short time last night; anxious expression; skin harsh and dry;

tongue dry and furred; bowels confined; headache; temp. 103.5° F.; pulse 130; resp. 42; passed catheter and drew off a pint of slightly bloody urine; cough troublesome; on percussion the left side resonant, right side resonant at apex, dulness over lower lobes. On auscultation left side puerile breathing; right side tubular breathing at apex, loss of all sounds over lower lobes; unable to move right arm; pain not so great in hepatic region, nor at seat of injury; takes his nourishment well.

9 p.m.—Patient in much the same condition as in the morning; drew off over a pint of urine of nearly normal color.

20th—9.30 a.m.—Patient worse this morning; unable to sleep from the cough being so troublesome; expectoration scanty, frothy and rusty; expectorated a small quantity of blood during the night; tongue dry and coated; bowels still confined, pulse 150, temp. 105° F., resp. 70; haggard, anxious expression; unable to pass urine. On percussion left side resonant, right side, complete dulness and loss of all sounds; slight bulging of intercostal spaces; to continue treatment and to have half an ounce of castor oil every five hours till the bowels move.

6 p.m.—Patient slightly improved; respiration 60, pulse 145, temp. 104.5° F., bowels moved freely after first dose of oil. No abdominal pain.

21st—Patient passed a restless night; delirious all night, but answers questions rationally this morning; cough dry and harsh; expectoration scanty and rusty; complains of the weight of the poultices which have been constantly applied over the bandage. Temp. 103° F., resp. 55, pulse 140, still loss of bronchophony and vocal fremitus and all sounds on right side; bulging of intercostal spaces, left side puerile breathing; patient lies on the back; drew off a pint of urine, which I found to be acid in reaction, spec. gravity 1020. No albumen.

9 p.m.—Patient in much the same state as in the morning.

22nd.—Patient slept better last night, but disturbed with cough; able to move slightly, so I could measure the chest—right side 18½ inches, left side 17¼ inches; complete dulness on right side and motionless; temp. 103° F., resp. 50, pulse 128.

23rd.—Greatly troubled with cough; bowels confined; ordered magnesia sulph. 3 grs., to be repeated if bowels do not move. From this time he gradually improved. I now ordered him the following:—

R

Cinchonidia Sulph. . . . . ℥ii.

Acid Hydrobrom. . . . . ℥iii.

Aquæ. . . . . ad. ℥iv.—M

Sig.—A desert spoonful every four hours.

Et.

R

Potas. Iodidi. . . . . ℥iiss.

Aquæ. . . . . ad. ℥iv.—M.

Sig.—A desert spoonful to be given three times a day, with an occasional dose of magnesia sulph.; to apply small blisters to right side.

The fluid soon began to disappear, and at the end of the second week the right side measured  $17\frac{3}{4}$  inches. He was unable to pass urine without the aid of the catheter till the third week. He walked to see me, a distance of nearly half a mile on the 24th day after the accident, when I found his ribs united; vesicular murmur heard all over the right side, temperature and pulse normal.

*Remarks.*—The chief points of interest in this case are: 1—The distance he fell, with the slowness of injury sustained, no bones being broken except the ribs which was caused by direct violence.—2 The symptoms at first pointed to rupture of some of the abdominal viscera, but subsequent events proved them to be uninjured.—3. The amount of fluid which at one time threatened to prove fatal by asphyxia, and which was wholly absorbed by rest in bed, aided by pot. iodidi, cinchonidia sulph. and blisters. The ribs united without trouble by the bandage acting as an external splint, the fluid as an internal one.

#### NOTES ON SOME OF THE CHANGES IN THERAPEUTICS DURING THE PAST QUARTER OF A CENTURY.\*

BY H. J. SAUNDERS, M.D., M.R.C.S., ENG.,  
KINGSTON, ONT.

I propose this evening to consider a few of the points in which our therapeutics of to-day differ

from those of a quarter of a century ago. This, of course, I can only do to a very limited extent, as the short time we are able to give to reading and discussing papers will not allow of anything like an exhaustive consideration of the subject. Yet it is one of considerable interest, and one which, I think, may not unprofitably occupy our attention for a short time.

No thoughtful man can fail to be aware of the fact that his own views of disease constantly undergo a progressive change, and that almost unconsciously to himself his methods of treatment gradually vary, as he adopts new remedies and discontinues old ones, till a comparison of his treatment of a certain case now with that of ten or fifteen years ago would, in many cases, show a startling difference. There are men still living who in the early years of their practice treated fevers and inflammatory affections as a matter of course by the enormous bleedings, purgations, and depressants, common fifty years ago, who, subsequently, influenced by the views of Hughes Bennett and Todd, discontinued these almost entirely, and used stimulants to equal excess; and, as the mischievous effects of the indiscriminate use of these became apparent, reverted to a more moderate use of both classes of remedies. The present day, or, perhaps, I should say the time of the past ten years, is marked by this character, *i.e.*, small and moderate doses of medicines. I qualify the statement of the present day, because it seems to me that during the last few years there is a strong tendency towards a return to large doses; large as regards their effect, though not, perhaps, in bulk; for example, it is taught by some that to produce a beneficial effect by certain medicines it is necessary to produce the physiological effect that formerly we were careful to avoid. By men of this school of thought, strychnia is given in progressively increasing doses till stiffness of the muscles of the neck is produced, and this state is sought to be maintained. Iodide of potassium is given in the same way till its unpleasant constitutional effects are produced, and the dose so reached is persisted in till improvement in the disease for which it is given is observable. Quinine is frequently given in the same way, and many other medicines which it is not now necessary to enumerate. This practice is very much facilitated by the form in which medicines are now given;

\* A paper read before the Cataract Medical Society, and published by request of the Society.



the old-fashioned infusions and tinctures, of which a very large bulk was required to be given before a physiological effect could be produced, being now almost entirely superseded, in many instances, at any rate by the use of Fluid and Solid Extracts, and active principles, alkaloids and resinoids, of which a very minute dose is sufficient to produce the required effect.

Another very marked characteristic of practice in the present day is the endeavor to find specifics for everything. I presume this was always the case to a certain extent, but never so much as now. One cannot look through the files of modern medical papers without being struck by the frequency with which some particular drug is lauded as a specific in certain affections. Unfortunately, in too many cases, the experience of others does not correspond with that of the introducer of the drug, and after a brief run it sinks into oblivion.\* This search for specifics has, I think, led to a very great extent to the abandonment of the systematic plans of treatment that our forefathers adopted, and is due, I believe, to two principal causes. First, the change in our theories of disease, which is, in many cases, looked on as disordered action only, whereas formerly the disordered action was regarded in every case as due to the presence in the system of noxious material to be expelled by purgatives, emetics, diaphoretics, diuretics, &c., through the various excretory organs. In certain cases this latter view (*i.e.*, the existence of a poison in the blood) is of course still held, as in the various contagious diseases, syphilis for example, and the malarial diseases, though even in these, the practitioner of the present day seeks rather to neutralize the poisons by iodide of potassium and quinine than to expel them. The other cause is the influence that the Homœopathic system of treating symptoms rather than the disease itself has exerted. In no case is this tendency towards the treatment of disease by specific remedies rather than by evacuant agents shown more than in affections attended by increase of temperature, where the whole effort of the modern physician is directed towards the reduction of the pulse and temperature

by such agents as aconite, veratrum viride, gelseminum, cold baths, &c., which appear by their action on the nervous system to lessen the activity of the circulation, and secondarily the rapidity of tissue change and consequently the temperature.

Medicines are now administered on theoretically physiological and chemical grounds much more than formerly, and a great deal of experimental practice is carried on in this way, sometimes successfully, just as often, I think, not. The above is an instance of what I mean, but many others might be mentioned, and I will endeavor to illustrate a few of them. The discovery that ergot exerts its influence chiefly on involuntary muscular fibre, causing its tonic contraction, has led to its employment in many cases where there exists theoretically, relaxation of this class of muscular tissue. With this view it is given in uterine hemorrhages, in paralysis of the bladder, in hyperæmic conditions supposed to depend on imperfect contraction of the arterial muscles, or where greater contraction would be expected to be beneficial, phosphates and phosphorus are given to supply the lack of these substances in the tissues. The various antiseptics, on account of their power of preventing or arresting fermentation and putrefaction in non-living material, are given internally with the idea that they will have the same influence on the living tissues. Preparations of malt on account of the diastase they contain are given to assist the digestion of starchy materials, as this substance possesses the power of rendering starch soluble by converting it into glucose outside the body, and it is therefore taken for granted that it will do the same in the stomach. Pepsine is given to assist the digestion of albuminous articles of food for a somewhat similar reason. It is in fact assumed that chemical action within and without the body are identical, and the great influence that the vital forces and the presence of numerous heterogeneous compounds within the body may have in hastening or retarding, and in many instances totally altering chemical reaction, is, to a great extent, lost sight of. The omission to take into account these influences leads, I think, very often to the disappointing results of the administration of theoretically correct chemical remedies, *e.g.*, the color of the blood is supposed to be due to the presence of iron in the blood and the pallor of anæmia to be owing to its absence, yet cases

\* Instances of this are not difficult to find. Condurango as a specific for cancer, and propylamine for rheumatism, are now rarely heard of, though it is not very many years ago since their discovery was heralded as introducing a new era in the treatment of those diseases. Of those now in use, I fear Chian turpentine will soon have to be added to the list of drugs that have failed to meet the expectations of their introducers.

of anæmia are frequently met with that the administration of no amount of iron will benefit; the distortions of the joints in gout and chronic rheumatism are due to the accumulation within them of insoluble urates and uric acid which theoretically are dissolved by potash, yet all of us have met with cases in which these deposits have persistently gone on increasing for years in spite of the administration of innumerable potash salts. Of late years preparations of malt have been lauded on account of their supposed power of supplying the lack of those constituents of the salivary and intestinal secretions that promote the conversion into a soluble form of the insoluble starchy portions of our food, that is noticed in certain forms of dyspepsia, yet I cannot of my own knowledge say that I have ever seen any improvement in this respect follow the administration of any of the malt preparations that I have used.

The intimate relation into which chemistry and therapeutics have been brought by the researches of late years has had a marked influence on our use of the products of the laboratory, and many of our most valuable remedies are the result of these researches. Chloral and its various derivatives that are indispensable to the modern practitioner were unknown except to the chemist fifteen years ago, yet who of us now would like to be without them? Salicylic acid, which, if not a specific in rheumatism, at any rate possesses an extraordinary controlling power over that disease, has not yet been in use for five years. I might almost say that the germ theory of Pasteur owes its origin to the ascertained power of carbolic acid and its homologues to check fermentation and putrefaction, and the number of reagents found to possess this property is constantly being added to by the chemist of to-day, and the practice of Listerism has only been rendered possible by their investigations. The number of remedies of this class is now very great, and nearly all possess some special advantage which will render them permanent occupants of our Pharmacopœia, as thymol, salicylic and boracic acids.

The discovery of the anæsthetic powers of chloroform and ether led to an investigation of their innumerable homologues with the result of the introduction of many of the others which, although none have been found worthy of taking the place of these two, have yet been proved in many cases

to possess properties of great medicinal value. Some, as bichlorides of methylene and ethylene, are anæsthetic, but their use being attended, in a greater or less degree, with the same dangers as chloroform, they are not likely to come into general use; others, as amyl nitrite, having a different effect, are of great service in special affections. Yet the number of these bodies that may be produced is so great that it is not unlikely that we or our successors may in time see an ether yet introduced that shall be at the same time safe, easy of administration, and an effectual anæsthetic.

Before leaving the subject of new remedies that the past quarter of a century has introduced, I ought not to omit to refer to Electricity, which, from being cumbrous and unmanageable, induced almost entirely by manual labor by means of magnetic and static machines, has by the modern chemist been rendered so easy of induction and control that it is capable of being used for curative purposes without difficulty in almost any degree of intensity, and by means of various appliances may be used to send an almost imperceptible current through any part of the human system, or for surgical purposes may take the place of the knife. The use of this agent, as that of chemicals, is too much burdened with theory and its identity with the vital principle too often assumed; hence its application is often futile and sometimes harmful. Much experience is yet needed to test its true value.

Not only has science added largely to our list of remedial agents, but it has also increased the number of forms in which they may be used and the modes of application. Pills, powders, infusions and tinctures, continue to be used and probably always will, yet these have been supplemented by a great variety of preparations by which the administration of drugs may be facilitated. I have before referred to the extracts now so largely used by which the bulk of the drug is diminished. To make a medicine palatable was formerly thought beneath the notice of the physician and unworthy his effort. Now, however, great skill and labor is expended in this direction, and the diminished size of our pills, with their tasteless or tasty coatings, the elixirs, emulsions and compressed powders, the gelatine capsules in which nauseous drugs whose taste cannot otherwise be concealed may be enclosed, and the tablets of gelatine, each square



of which contains a definite quantity of a drug diffused through it, bear witness to the untiring efforts and the success of modern pharmacists to render, what was formerly repulsive, pleasant and attractive. The introduction and extended use of the hypodermic syringe have also enabled us to induce the effect of certain medicines with greater precision and rapidity than was possible before Dr. Alexander Wood published its advantages to the world, and none who have witnessed the speedy and complete relief from pain that may be caused by its use will feel inclined to underrate the value of this little instrument. In my opinion Dr. Wood is entitled to little, if any less credit for his invention than was Sir James Simpson for the introduction of chloroform. Formerly used almost exclusively for the introduction of morphia, it is now found equally applicable for the administration of numerous other remedies, most of the alkaloids, and even chloroform and carbolic acid, being given by its aid. My list of the peculiarly modern modes of administration of remedial agents would not be complete without a reference to the atomizer by which fluids can be applied in a fine state of subdivision, with such ease and certainty as almost to have supplanted the inhaler where applications are desired to be made to the respiratory tract. By its use, too, local anæsthesia is produced more rapidly and efficiently than by any other means.

Briefly, then, to sum up the changes in therapeutics during the last quarter of a century, I think they consist—1st. In the treatment of acute diseases, in the more or less complete abandonment of the class of evacuant remedies formerly employed and the substitution therefor of an expectant treatment, which, looking on disease as a merely temporary disturbance which the natural forces are endeavoring to rectify, seeks rather to leave these forces to do their work unhindered than to control or interfere with them, and where it does interfere, does so by endeavoring to compel a return to the conditions of health by the use of specific remedies for each purpose sought to be obtained, *e.g.*, if increase of temperature be marked, means are adopted to lower it; if pain be present, we endeavor to relieve it, &c., &c.; in other words, there is a growing tendency to treat the symptom rather than the disease, and in relieving that symptom to influence as little as may be the functions of the body that remain undisturbed. 2nd. In the sub-

stitution of a chemical for a vital theory of the action of remedies. I have already mentioned instances of what I refer to, but, perhaps, a more notable case of this class of treatment than any is that of diabetes, which has been treated by some by withholding the materials for the manufacture of sugar, thinking thereby to check the undue secretion, while others have endeavored to supply the waste by administering saccharine matters in large quantity. 3rd. In the substitution of organic for inorganic remedial agents. It is, I think, an undoubted fact, that the use of mineral agents is far less frequent than formerly, and that instead vegetable products and the results of organic chemistry are much more freely used. 4th. In the greater attention now paid to the surroundings of the patient. At no time in the history of medicine have the influence of pure air, food and drink, and cleanliness, on the progress of the disease been so fully recognized as at present, and the amount of money and labor spent to secure the most perfect ventilation and drainage in the most modern hospitals is a proof of this.\*

In all that I have said this evening I have endeavored to avoid the expression of any opinion as to the advantages or disadvantages of the changes we note as taking place, and have merely recorded those that have seemed to me most noticeable. It is customary to speak of these changes as progress, and to regard them as improvements on the practice of our ancestors. In some respects they undoubtedly are so, but in others I am not quite so clear. Sir James Paget, in his address as President of the British Medical Association at Norwich, some years ago, spoke regretfully of the discontinuance of bleeding, which, in his opinion, was frequently clearly beneficial, and which he thought might be more freely used now-a-days than it is, with advantage. In a discussion I heard at Bristol, four years ago, on the treatment of rheumatism, in which the younger members of the profession spoke strongly in favor of salicylic acid and cold baths, I noticed that amongst the seniors there was an almost unanimous impression that the older methods of treatment, though more prolonged and attended with less speedy relief, were yet followed by fewer relapses and accompanied less frequently by cardiac complications; and for myself, though

\* To these might be added—5th. Greater simplicity in prescribing, the modern physician being generally content to give one or two drugs where his predecessor would have given twenty or thirty.

I have heard and read strong condemnation of the use of antimonials in pneumonia, as tending to increase the danger of breaking down of the lung tissue by lowering the vitality of the system; yet, in my own case, and in others I have seen greater, more immediate and more permanent relief follow their use in the acute stages than that of any other drug. These are but a few of the instances in which the modern changes are of doubtful benefit, but more might be mentioned if time permitted. That in many respects a real advance has been made; that many of the more recent drugs introduced are most valuable there is no doubt; but, while endeavoring to find out newer and more efficient modes of treatment, there is, I think, some danger lest that which is good in the old be neglected, and lest pluming ourselves on our own advance in physiological, pathological and chemical knowledge, we should be tempted to underrate the valuable experience that our predecessors had gained by individual care and study as intelligent and thorough as that of later years. Our theoretical knowledge is not, with very few exceptions, sufficiently advanced to be of very great service in practice, and we must still, and probably for many years yet, rely on empirical knowledge, giving medicines and carrying out rules of treatment rather because our experience or that of others has shown them to be beneficial, than from any true knowledge of the *modus operandi*.

Within the limits of so short a paper as this necessarily is, I have been obliged to make my remarks generally with but few special references. Were I to enumerate in detail all the changes in therapeutic practice within our time, and all the additions that have been made to our pharmacopœia, a book would have to be written, instead of a twenty minutes' paper. For the same reason, and also because it did not belong strictly to my subject, I have omitted all reference to what promises to be the greatest advance of all, namely, preventive medicine, though it seems to me that we may look for greater success in this, a science that is rapidly emancipating itself from the trammels of theory and becoming daily more and more a legitimate deduction from facts, than we can hope to attain from the practice of therapeutics.

## CASE OF CHLOROFORM POISONING.

BY A. B. ATHERTON, M.D., F.R.C.P. & S., EDIN.,  
FREDERICTON, N.B.

*March 26, 1881.*—J. B., æt 39, male. Since birth the patient has had a small tumor in the outer half of the right eyebrow. Has come some distance to have it removed, and wishes to have the operation done early, so as to return home by 8.30 a.m. train. Generally healthy. Took a light breakfast at 6 a.m.

*7.30 a.m.*—Chloroform was given at the patient's request. A horizontal incision was made, and, after a somewhat tedious dissection, on account of wide and firm adhesion to the periosteum, a cystic tumor, about the size of a large hazel nut, nearly got out. Thinking that I could finish the operation without any more chloroform, I now removed the towel from his face. Breathing kept all right for a minute or two, when suddenly it stopped; and in spite of pulling forward of the tongue and lower jaw, slapping him on the chest, loosening the clothing, lowering of the head and raising the legs, and some attempts at artificial respiration, nothing was got from him but one or two gasps two or three minutes after breathing stopped. For, perhaps, ten (10) minutes these efforts were continued. Then finding no further evidence of returning respiration and his face becoming somewhat livid, I determined to open the windpipe. With two strokes of the knife I cut through the crico-thyroid membrane and cricoid cartilage. Immediately on entering the windpipe, air whistled through the opening, and with little or no interruption respiration was established.

Considerable bleeding of a venous character occurred from the wound in neck, but the application of artery forceps for a short time checked its flow. A tracheotomy tube was retained for a few minutes and then taken out.

The tumor was now removed and a few sutures put in. One suture of silver wire was inserted in the crico-thyroid membrane, the ends being cut short. Also one catgut stitch in the upper part of the external wound of the neck, the rest of the latter being left open for escape of air. Notwithstanding considerable remonstrance on the part of the patient, this was accomplished without any further exhibition of chloroform. Vomiting occurred once.



just after re-establishment of respiration. I was aided during the removal of the tumor and subsequently by my servant man, it not being convenient to get any one more skilled so early in the morning. As is customary in my own practice, the patient was in the prone position during anæsthesia.

*March 27.*—Is able to be up and about the house. Little or no air has passed through the opening since last evening. Pulse 70. Full and regular.

*March 29.*—Left for home to-day.

*March 31.*—Wrote me that he was doing well. No inconvenience from eyebrow. Wound in neck healing.

*Remarks.*—The patient told me, after the operation, that he had slept little during the preceding night on account of dread of what he was to undergo in the morning. He, however, looked well, and I had no hesitation about administering the chloroform. He went under it rather badly, struggling somewhat, and being affected with a rigid spasmodic action of the body and limbs. I generally regard such action as an indication that the subject is a bad one for chloroform. But, in this instance, after he once got well under its influence, he behaved fairly, and during the whole time previous to the stoppage of respiration (probably half hour) he required no unusual attention in regard to his breathing. It seems to me strange, therefore, that after the removal of the chloroform this stoppage should have occurred, especially as he breathed all right for some appreciable length of time after it was withdrawn.

I did not, nor do I generally, note the condition of the pulse, as I believe that, with the exception of those cases where there is serious heart-disease, it is not only unnecessary, but serves to draw off one's attention from the breathing so as to increase the risk of our not noticing any sudden change in its character, and this is the more dangerous in the case of *chloroform*, because respiration quite often ceases without any preceding noise or stertor, such as is always or nearly always present when too much *ether* is given. If I had been operating on a lower limb, where I could not so readily perceive any disturbance in the breathing, I might think that I possibly overlooked the first symptoms of danger, but I am quite sure that respiration was going on as well as usual till it suddenly, and without warning, stopped. I confess that this has

made me timid ever since when I have administered chloroform. I did not apply a battery in this case, because I feared to lose time enough to start it going, and there was no one by who could do so for me.

The idea of laryngotomy was suggested to me by my firm belief that most cases of trouble from chloroform are due to the respiration and not to the heart, and also by seeing somewhere lately, the operation recommended for those drowned, artificial respiration being afterwards used through the opening in the larynx. It was not until after the operation that, on looking up the subject, I discovered in the last "*Braithwaite*" that the chloroformist of St. Thomas' Hospital, London, recommends tracheotomy for *spasm of the glottis*, as well as for cedema or obstruction in the trachea, and I suppose that possibly this case may fairly come under that head. I believe myself that such spasm must have been present; otherwise I think the drawing forward of the tongue and jaw must have allowed air to enter the chest. Besides no attempt at respiration was made when I first cut through the soft parts over the larynx, while when I entered the latter, *forthwith* breathing began. Furthermore, may not some spasmodic action in the trachea be more likely to occur in persons who exhibit such action generally in body while getting under the influence of chloroform? However, whether the trouble arose from spasm of the glottis, or from failure to raise the epiglottis by drawing forward the tongue and jaw, or from the anæsthetic, so deadening the sensibility that the patient did not sufficiently feel the "*besoin de respirer*," certain it is that the opening in the larynx was effective in meeting the difficulty, and I should have no hesitation in future in repeating the operation under similar circumstances. It is just possible that the last of these suppositions is the correct one, and if so, then the cut into the larynx and the influx of blood gave the necessary stimulus to respiration. It seems to me, however, that when a patient had been so long asphyxiated and had been for some time subjected to pretty rough handling without any effect, that the operation would not be likely to produce such an effect. Then, again, no attempt at respiration was made when the soft parts over the larynx were cut, and one would scarcely expect so much more from the opening of the larynx, unless there were some obstruction above the part opened.

## Correspondence.

To the Editor of the CANADA LANCET.

SIR,—It has long been a subject of wonder to many that the United States has never given some medal or other distinguishing mark to officers and men who have served so faithfully during the American War so long past, as other countries have done. True our neighbors are a Republican people, but so now are the French.

This idea has caused me to write, on account of an expression occurring in one of your obituary notices in the current number of your Journal, that a Canadian Surgeon had received the "American War Badge." I am not aware that any has ever been issued by the U.S. War Department. If so, can you tell me what is the nature of it, and whence can I procure information relating thereto?

ONE INTERESTED.

OTTAWA, May 20th 1881.

## Reports of Societies.

TORONTO MEDICAL SOCIETY.

March 24, 1881.

The Society met at 8.15. The Vice-President, Dr. George Wright, in the chair. The minutes of the previous meeting were read and confirmed. Dr. James Baldwin and Dr. McCullough were elected members of the Society.

Dr. Workman read a translation of an interesting case of intestinal invagination, in which 34 centimetres of gut were passed per anum.

Dr. Riddel related the following case: A. B., æt. 32, robust, syphilitic, a hard drinker, came to him with facial erysipelas, from which he shortly recovered. Delirium tremens ensued, with some puffiness of face and extremities. He recovered, but in about a month he was seized with convulsions and died. What was the nature of the kidney disease, if any, which he had? Was it erysipelas or delirium tremens from which he originally suffered? The heart and urine had not been examined.

Dr. Graham said the data were not sufficient to found a certain diagnosis upon. Acute desquamative nephritis may have been present. He then related a case of convulsions, suddenly developed without any known cause, followed by coma and ending in death, with no kidney lesions.

Dr. Oldlight mentioned a case of empyema, in which he had operated by tapping the chest and washing the cavity out daily by simple syphon method, and invited those who took an interest in such cases to see it with him.

Dr. George Wright presented a dried anatomical preparation of ruptured diaphragm.

Dr. Graham mentioned several interesting cases. A., acute tuberculosis. No physical signs of any moment during life; the lungs, on post-mortem, found studded with tubercle. He died of purpura hæmorrhagica.

B., æt. 49. Working in an office, he early contracted the habit of retaining his urine all day. Some catarrhal bladder trouble has now appeared, with albuminuria. He thought there was no doubt that the kidney trouble was caused by the habitually distended bladder.

C., for past five or six years, had suffered frequent attacks of jaundice. This finally became permanent. A year and a half before death occasional heart-murmurs were heard, systolic at the base; the last six months of life they were permanent. Post-mortem showed no valvular disease; the cystic and common ducts were constricted.

D., a case of lateral spinal sclerosis. The notes of this case he hoped to read to the Society at another time.

E., splenic leucocythæmia, white corpuscles, 1 to 8, 1 to 12, 1 to 15, varied at different observations. The field of red globules numbered 3,000,000.

A general discussion ensued.

Dr. Playter then read a paper upon "Contagious Diseases in Men and Animals," and showed how animals might be carriers of contagion and thus explain some cases of apparently spontaneous origin.

The meeting then adjourned.

April 7th, 1881.

Society met at 8.15. The President, Dr. Covernton, in the chair. The minutes were read and adopted.

Dr. Workman read a translation, describing a case of trephining, a triangular hole of considerable size being found in the skull. The skull was found in the grave of an ancient Dane or Norseman, about 200-500 A.D.

Dr. Cameron exhibited the lungs from a case of empyema of the left pleura. The case was that of



a boy 8 years of age, admitted to the Children's Hospital when the disease was already of some months' standing; after slow improvement, he had an attack of bronchitis of the healthy side, to which he succumbed. The left pleural cavity was filled with cheesy and liquid pus, the lung completely solidified and crowded against the vertebræ; the right cavity contained some clear serum, the lung was congested and had some caseous centres in it.

Dr. Oldright exhibited three specimens from the same subject, a man 73 years of age. The left hip was injured, 13 years ago, by a fall down stairs. There was evidence of fracture of the ischium and pubis; the femur was dislocated upon the dorsum ilii, and the head fractured at the neck. A piece of bone resembling the head was firmly attached to the under lip of the iliac crest; the upper extremity of the femur was loosely but strongly attached by ligaments to the ilium. The bladder was much thickened and inflamed, and contained a sacculum, at its upper part. A papillary growth from the inferior floor of the bladder obstructed the opening of the urethra. The left kidney contained a large cyst; the ureters were dilated.

Dr. Oldright then read his paper upon "Contagion and Infection." He confined his remarks principally to some questions of school quarantine, viz.: the length of time it was necessary to keep scarlet fever cases and the other members of an infected family at home, and as to the non-necessity of preventing the school attendance of apparently healthy children where a case of typhoid was present in the house.

A general conversation followed, in which different views were taken of the subject.

Dr. Workman's proposed addition to the By-laws, of which the usual three months' notice had been given, was now brought before the meeting.

Dr. Workman proposed that "The number of honorary members of this Society shall not at any time exceed twelve."—*Carried.*

#### ONTARIO MEDICAL COUNCIL—EXECUTIVE COMMITTEE.

The Executive Committee met at 2 p.m. on Tuesday, March 31st. Present:—Drs. Bergin, Allison, Burns, Husband, Macdonald and Edwards. The minutes of last meeting were read and confirmed.

A communication was read, requesting to be exempt from examination on certain subjects, the applicant having passed on said subjects before the Board of Pharmacy.

The committee decided that the courses and examination of the College of Pharmacy could not be accepted by the College of Physicians and Surgeons of Ontario, and that four years must be spent in professional study after matriculating.

In reply to a communication, the Committee states, that all primary candidates next spring, must present certificates of having undergone an examination at the end of their first session, from the school they attended.

A communication was now read, asking if the recent action of the Committee, regarding the Matriculation Examination of August, 1880, would have any effect on the examination of April, 1880.

The Committee decided that it would not affect any examination, excepting the one referred to, viz., August 1880 examination.

The Executive Committee now proceeded to examine tickets and credentials, etc., of the candidates for the professional examinations, which occupied the Committee until a late hour.

#### HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Clinton on April 5th, Dr. Sloan, of Blyth, president, in the chair. The following members were present:—Drs. Sloan, Holmes, Worthington, Williams, Taylor, Campbell, Graham, Young and Stewart.

Dr. Worthington showed a young lady with lateral curvature of the spine, who is wearing a "Wyeth plaster jacket" with great comfort.

Dr. Stewart showed a case of badly united fracture of the tibia and fibula.

Dr. Campbell showed a uterine polypus which he removed a few days previously from an unmarried woman, aged 35. For a period of two years this patient suffered severely before the appearance of the catamenia, from acute pain referred to the region of the uterus. The menses were very profuse and for a period of several weeks the loss was so great, that she was unable to leave her bed. Dr. C., on making a vaginal examination, discovered a tumor about the size of a hen's egg in the vagina and having a pedicle which could be traced to the internal os. Dr. Campbell, with Dr. Scott's assist-

ance, removed the polypus by means of a long curved forceps. The patient is doing well.

Dr. Graham, of Brussels, exhibited a beautiful specimen of dilatation of the stomach arising from the cicatrization of a chronic ulcer. The patient from whom the specimen was taken was a locksmith, 28 years of age. He had suffered for seven years from pain after eating, and vomiting. About two years ago the stomach was found to be greatly dilated. He had several epileptiform convulsions and severe tonic spasms of the muscles of the lower extremities. Emaciation was extreme. He complained of having a ravenous appetite and uncontrollable thirst. He vomited large quantities of fluid containing products of fermentation. Dr. Graham began at this period to wash out the stomach. This was continued for five weeks and was attended by marked benefit. The thirst and vomiting disappeared. He rapidly gained flesh and strength and his state was so satisfactory that it was not considered necessary to use the stomach-pump any longer. He continued to all appearances in good health until two months ago, when the thirst and vomiting set in again. The tonic spasms of the lower extremities returned and were soon followed by death. The stomach weighs 23 oz.; length from cardiac to pyloric extremity 20 inches; vertical diameter  $7\frac{1}{4}$  inches; the pyloric orifice has a diameter of only  $\frac{1}{8}$  of an inch. An ulcer  $\frac{1}{4}$  of an inch in diameter and nearly the same in depth, with undermined edges, is situated at the commencement of the pyloric orifice.

Dr. Graham concluded the report by saying, that the treatment of this case convinced him of the very great benefit derivable from Kussmaul's method of washing out the organ. He felt satisfied that although the pyloric constriction could never be removed, yet with proper attention to quantity and quality of food, and the use of the syphon or pump at the proper time, he may have been tided over many months, perhaps many years.

Dr. McDonald, of Wingham, read the notes of a case where he stretched the sciatic nerve for obstinate sciatica. The result in this case has been very encouraging.

Dr. Stewart gave a report of a case where he and Dr. Hurlburt performed a similar operation for an inveterate sciatica. Sufficient time has not yet elapsed to decide as to the permanent value of the operation in this case.

#### CO. GLENGARRY MEDICAL SOCIETY.

The Medical Society of the County of Glengarry held its first meeting in Alexandria, on Tuesday, the 15th of March, 1881.

Moved by Dr. Munro, and seconded by Dr. McDiarmid, that Dr. McMillan, of Alexandria, be appointed President of the Society for the ensuing year.—*Carried.*

The President having taken the chair, it was moved by Dr. Harkness and seconded by Dr. McDermid, that Dr. McDonell be appointed Secretary.—*Carried.*

Moved by Dr. Munro, and seconded by Dr. McDonell, that Dr. Harkness be appointed Vice-president.—*Carried.*

Moved by Dr. Munro, and seconded by Dr. McDermid, that the following gentlemen be appointed a committee to draught a constitution and by-laws, to be submitted at the next meeting of the Association, viz.: Drs. Harkness, Hunt, McBean, Falkner, and McDiarmid.—*Carried.*

Moved by Dr. McDonell, and seconded by Dr. McDermid, that the President, Vice-president, and Drs. Munro and McDiarmid, be appointed delegates to the Ontario Medical Association at their first meeting.

Drs. Munro, Hunt and Harkness, were appointed to read papers on medical items at the next meeting of the Society.

Routine business having been completed, Dr. Harkness read the report of a case of spontaneous artificial anus formed at the umbilicus with recovery, and Dr. McDonell a paper on the therapeutic effects of muriate of calcium in scrofula and kindred diseases.

An impromptu, but very interesting discussion on the above subjects then ensued, in which nearly all the members present took part; after which the meeting adjourned, to re-assemble on the 2nd Tuesday of June next.

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#### MICHIGAN STATE BOARD OF HEALTH.

Reported for the CANADA LANCET.

The regular quarterly meeting of this Board was held at Lansing, Tuesday, April 12th, the following members being present: Rev. D. C. Jakokes, of Pontiac; Henry F. Lyster, M.D., of Detroit;



Arthur Hazlewood, M.D., of Grand Rapids, and Henry B. Baker, M.D., Secretary.

Dr. Lyster was elected President *pro tem*.

A letter from Prof. Kedzie declining the re-appointment as member of the board, was received. His communication outlined the great progress in public health measures in this State since the organization of the State Board of Health eight years ago. Nearly every city, village, and township in the state now had its board of health and health officer. Kerosine explosions, so common eight years ago, have been banished. Everywhere in the state there is evidence of an advance in the stamping out of infectious diseases. The ventilation of churches, school-houses, and dwellings now receive an attention never known before. The water in our wells, the drainage of farms, and the sewerage of houses have all been brought into prominence by the labours of the press. In this work the board have been greatly assisted by the public press, but the press itself has been stimulated by the work of the board. In short there has been a general advance along the whole line, but we have kept such even step in this advance that we only became aware of our changed position by comparison with the landmarks of eight years ago.

The Secretary presented a communication from C. H. Voute giving statistics of the filth removed from privies and cesspools in various towns and cities in the State by means of the odorless excavating apparatus; in all about 2,300 tons or 15,000 barrels. Of that amount but 2,000 barrels could be pumped out, the remainder being removed by the "filling" process showing the liquid portion had mostly drained off into the soil, which must be much saturated with filth, and as a consequence many wells must be contaminated.

A letter was presented from John Mulvany, M.D., surgeon in the British Navy, detailing the effects of food rendered unwholesome through putrefactive taint. All of the crew of a large merchant vessel that put into the Falkland Islands, who ate of pork opened on a certain day became ill, and the illness continued until the ship was disabled and medical assistance was sought for in the Falkland Islands. There it was found that not only the pork but the beef was bad, and the meat was condemned by a board of surveying officers. Seven of the affected died, and *post mortem* examination revealed immense effusion into the pericar-

dium, a stench from the brain, and congestion at the point of the calamus scriptorius in the fourth ventricle, with congestion of the jejunum and ileum. During life the chief symptoms were paralysis of the hands and feet, and agonizing pains in the toes; uncontrollable sleeplessness, loose bowels, stench from the skin, etc., symptoms entirely *sui generis*.

The Board requested Dr. Mulvany to present a complete account of the sickness.

Invitations to hold Sanitary Conventions during the coming winter were accepted from Coldwater and Ann Arbor.

Dr. Lyster, chairman of the special committee of the Board, to devise a plan for a board of health for the city of Detroit, reported, that he had in consultation with the city attorney and other citizens drawn up a bill providing a practical and a scientific board of health for that city, and the bill was now before the Legislature.

The annual examination of applicants in sanitary science will be held Tuesday, July 12, 1881. Candidates successfully passing the examinations will receive certificates that they are qualified to act as health officers in any city, village or township in the State.

It was decided to print revised editions of the documents on the restriction and prevention of each of the three diseases, diphtheria, scarlet fever and small pox. Arrangements were also made for the translation of these documents into the Holland and German languages.

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### Selected Articles.

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#### INCISION INTO THE PERICARDIUM.

Dr. Rosenstein, of Leiden, relates (*Berliner Klinische Wochenschrift*, No. 5, *Med. Times and Gazette*) a case of purulent pericarditis, treated by a free incision into the pericardium much as we now treat some cases of purulent pleurisy. A boy, ten years of age, came under observation after having been attacked fourteen days previously with symptoms of gastric catarrh. On admission into the hospital, the following was noted as the *status præsens*:—"The patient lies by preference on his back, though an either side position does not cause any inconvenience. Nutrition is good; cheeks and mucous membranes remarkably pale; axillary temperature 99° 8' Fahr.; pulse very small; respiration 40, costo-abdominal; alæ nasi working

strongly. The chest measures, at the level of the third dorsal vertebra, on the right side thirty-four, on the left thirty-six centimetres; at the level of the sixth dorsal vertebra, right side thirty-six, left side thirty-seven centimetres. The heart's beat is neither to be felt nor seen, nor are the heart-sounds audible at any part of the chest. On percussion, on the right side the percussion-sounds are normal as low as the sixth rib; on the left side, dulness commences between the first and second ribs, and gradually extends to the xiphoid cartilage, passing obliquely towards the left as far as the mid-axillary line, and to the right as far as the nipple-line (thus presenting a somewhat triangular space, apex up and base downwards). There is no change in the dulness on altering the patient's position. . . ."

A diagnosis of effusion into the pericardium was, of course, made; but its exact nature could only be determined by an exploratory puncture, and this was done. The presence of pus having been made certain, aspiration (between the fourth and fifth ribs, close to the margin of the sternum) with a Potain's apparatus was practised, and upwards of twenty-two ounces of pure pus were withdrawn. The relief afforded by this operation is compared with that which so often follows tracheotomy for laryngeal obstruction. The relief, however, did not last very long, and it became necessary to repeat the tapping on the third day, but the pericarditis was now found to be associated with a left pleurisy, which had developed since the first tapping. The pleura was accordingly tapped, and thirty-eight ounces of serous effusion were withdrawn. The pericardium was again tapped, and about four ounces of pus taken out. The patient's condition did not much improve: there was very considerable and increasing dyspnoea, with lividity, and some œdema of the feet and legs; sleep was much broken, and the general condition very low. Under the circumstances, it was determined to incise the pericardium, as the physical signs pointed pretty conclusively to a further accumulation of fluid within it. The operation was carried out under the strictest antiseptic precautions. An incision, about three centimetres long, was made between the fourth and fifth ribs, close to the left margin of the sternum, and each layer separately divided until the pericardium was reached. An opening was then made into it, through which a considerable quantity of pus escaped; two drainage-tubes were put in, and the wound dressed after Lister's method. The patient was, very shortly after the operation, able to lie on his back, and felt much relieved by it. It was not, however, until at least two hours later that the pulse became appreciable. On the day following, the temperature stood at 101° Fahr., but it then came down to normal and remained so. At the end of eight weeks, the pericardial wound, which had been gradually closing, was cicatrized. There were no further pericardial troubles. But

the signs of the pleuritic effusion pointed to a fresh collection in this cavity, while there was still fever after removing thirty-five ounces of fluid; as the general condition therefore was not relieved, a free incision was made into the chest, and another fifty ounces were removed. Improvement now set in, and at the end of six weeks the wound had closed, and the patient was sent out of the hospital cured.

The author draws the following conclusions from his case:—1. The case teaches that purulent pericarditis, just as empyema, may at times run its course without giving rise to fever or œdema of the tissues, so that the nature of the exudation can only be decided after an exploratory puncture. 2. We must not abstain from removing the exudation on account of any supposed myocarditic changes. 3. In cases of considerable pericardial effusions, change of position may not influence the line of dulness; but this fact must not always be interpreted in favor of dilatation of the heart.

#### THE ANTISEPTIC TREATMENT AT VIENNA.

Dr. Wheeler, in a letter from Vienna (*Boston Med. Journal*, January 20), states that since Prof. Billroth has substituted irrigation for the spray, his operations have been more successful than before, while a troublesome apparatus has been got rid of.

"The antiseptic method as practised by him is as follows:—Before beginning an operation the part is shaved, scrubbed with soap and water, and washed with carbolic acid solution. If the skin seems greasy it is washed with ether. The nail brush and carbolic solution are used in the same way, on the hands of the operator and all the assistants, and everybody who is employed in the theatre wears a long clean linen duster. All the instruments, ligatures, sutures, and needles lie in the solution during the operation, while sponges and drainage-tubes are always kept carbolised. A small tank against the wall contains the irrigating fluid (a 3 per cent. solution of carbolic acid), which is brought within reach of the operator by a rubber tube, the nozzle of which is furnished with a stop-cock to regulate the force of the stream. If the operation is a small or superficial one, irrigation is employed only at the close, just before sewing up, when the wound is washed out with great care. But this operation is repeated a number of times during the operation if a deep hole is made. After the introduction of the drainage-tube the wound is sewed up, a piece of gutta-percha laid over it, and a very large quantity of Lister's gauze applied. The innermost layers of the gauze are the only ones that are soaked in the solution; and they are not applied smoothly, but crumpled up and laid on loosely. The outer



layers of the gauze are folded smoothly and put on dry; the mackintosh protective occupies its ordinary place, and the whole dressing is firmly held in position by a gauze bandage.

"It will thus be seen that in guarding against infection the most scrupulous attention is paid to every detail. In changing a dressing the same care is observed, the irrigation, of course, still taking the place of the spray. One point which deserves special notice is with reference to sponges. The sponge is regarded as one of the most dangerous sources of infection, and is never used except in the operating theatre, and there only on a freshly made wound. In doing ovariectomy, Prof. Billroth uses no sponges that have not been soaked for at least fifteen days in a 5 per cent. carbolic acid solution, as he has found living bacteria in sponges which have been kept twelve days in such a solution. In changing dressings and in wiping all wounds which discharge anything besides fresh blood, small wads of cotton batting that are always soaking in the carbolic solution, and which are thrown away as soon as used, do the work of sponges. If by any chance a sponge has come in contact with pus, it is never used again.

"In securing first intention, great importance is attached to compression of the wound and immobility of the part. The dressing is carefully adjusted, and the bandage applied so as to afford a very firm and equable pressure. In wounds of any size, deep sutures are used, which are fastened with lead discs and pierced bullets. If the seam is a long one, the discs are replaced by two strips of lead placed one on each side of the seam and parallel with it. Immobility is secured by a bandage of coarse muslin, impregnated with starch and dextrine. The ordinary use to which this material is put is the stiffening of ladies' dresses, and it can be had at any dress-maker's. For surgical purposes it is made up into rollers, which are soaked in water and applied outside of everything else. The bandage stiffens in a few minutes, and although, of course, not so solid as plaster of Paris, it affords very effectual resistance to any ordinary movement on the part of the patient. It is especially useful in operations on the neck, such numbers of which are performed by Billroth. After one of these, the patient's head, neck, and chest are enveloped in this bandage, which renders motion of the head impossible. The bandage must be cut or soaked in warm water in order to remove it, but it is said that there is no trouble in cutting it with a stout pair of shears."—*Med. Times and Gazette*.

BROMIDE OF POTASSIUM AND CALOMEL are said by Prof. Taylor to be incompatible. A soluble mercurial compound is formed which is highly poisonous, a kitten having been killed by some of it in the course of an hour and a half.—*Virginia Medical Monthly*.

## AN OPINION ON BLOOD-LETTING.

It requires no little courage to confront the popular prejudice as Dr. Hiram Corson does in the following passage, taken from a paper on pneumonia communicated to the Philadelphia *Medical Reporter*;—

"I have been in active practice continuously for fifty-two years, and during all that time have not once had occasion to believe that there was any change in the human system or in the climate, which made it more hazardous to treat acute inflammatory affections by cups or leeches and other anti-febrile remedies, than it was in the beginning of my career. I am therefore free to declare that it is just as safe to use them now, and they are quite as efficient, as in days when the physicians of Philadelphia were using them so freely, with so much confidence and with so great success. Surgeons now perform fearful operations, by which not only is a great amount of blood lost, but the patient is also injuriously affected by the shock to the nervous system, yet the recoveries are oftentimes astonishingly rapid. Women in time of childbirth often flood until they are in the very presence of death, and yet, when it is arrested, they will in a few days be found as bright and cheerful as if nothing had happened, soon regain their usual strength and have no disability from their loss of blood. They bear it as well now as they did fifty years ago. Even those who would not bleed a woman in labour to save her from convulsions, have no fear that she will suffer from a flooding which happened after the delivery of the placenta. A man may cut his leg and bleed till he faints, but no one feels that the mere loss of blood will do him any permanent injury; and yet what a hue and cry from these same people if a physician should bleed a person to remove a congestion of the brain, or relieve a pain in the head or a pleurisy. I have rarely met with a graduate of the last fifteen years who has ever used a lancet, and yet these are the very persons who are so opposed to its use. They regard the older physicians who do use it as persons who are ignorant of the "valuable new remedies" (which they believe are discovered about the time they began to study medicine), when the truth is they are themselves ignorant of nearly all the means of cure save veratrum viride, aconite, digitalis, a few cathartics, morphine, chloral and—I was near forgetting them—poultices; poultices for croup; poultices for diphtheria and scarlet fever; poultices for the liver and poultices for the kidneys; poultices for the chest and poultices for the belly; and when you ask them what effect they expect from these means, they have no answer but this: 'They are very much used in the hospitals now.' Is there any reason why physicians who practised forty

years ago should not know as much of all the above remedies as these men educated during the crusade against blood-letting? Digitalis was much used long since; forty years ago I used tincture aconite, with good effect in many cases, as did others who practiced; and as for newer remedies does any one suppose that such men as Dr. John Atlee, Dr. Traill Green, Professor Gross and hosts of others—practitioners and close students—are ignorant of the reputed merits of these champion medicines?"—*Pacific Med. Journal*.

### COD-LIVER OIL AS AN EXPECTORANT.

Dr. T. Lauder Brunton, in an article in the *London Lancet*, gives the following as his views on this subject:

One of the most powerful expectorants is simply a little warm food in the stomach, and in cases of chronic bronchitis, in which the patients complain of violent coughing immediately after rising, one of the best expectorants is a glass of warm milk, either with or without a little rum, and a biscuit or a piece of bread, about a quarter of an hour before they get up. A little warm beef tea will have a similar effect. After taking this for a short time they generally tell you that the sputum comes away much more easily than before, and they are not so much exhausted by it. But perhaps the remedy, *par excellence*, not only in cases of phthisis, but in chronic bronchitis, is cod-liver oil. Persons suffering from long-standing chronic bronchitis will often come to a hospital to beg for cod-liver oil, saying that it eases their cough far more than any cough mixture. Other oils or fats have not this power to the same extent as cod-liver oil. We cannot say positively what the reason of this may be, but I think there is no doubt about the fact. My own belief is that cod-liver oil is more easily assimilated than other oils, and not only so, but more easily transformed into tissues themselves. Whether it owes this property to its admixture with biliary substances, or to its chemical composition, we cannot say. Dr. Weir Mitchell quotes a remark made by an old nurse, that "some fats are fast, and some fats are fleeting, but cod-liver oil fat is soon wasted." By this she meant that there were differences in the kinds of fat accumulated under the subcutaneous tissues of men, just as there are differences in subcutaneous fats which accumulate in horses. The horse fed on grass soon gets thin by hard work, while the fat laid on when the horse is feeding on hay and corn is much more permanent. Persons fattened on cod-liver oil soon lose the fatness again, and this, I think, points to the power of ready transformation which the oil possesses. Supposing that it does possess this power, we can readily see how very advantageous it will be. In chronic bronchitis, and in catarrh and

pneumonia, we have a rapid cell-growth, but want of development. The cells lining the respiratory cavities are produced in great numbers, but they do not grow as they ought to do. They remain, more or less, lymphoid cells, instead of developing into proper epithelium. They so rapidly form, and are thrown off so quickly, that they have not time to get proper nutriment, and if they are to grow properly we must supply them, not with an ordinary kind of nutriment, but with one which is much more rapidly absorbed, and is capable of much more rapid transformation in the cell itself than the usual one. This power is, I believe, possessed by cod-liver oil, and to its quality of nourishing the rapidly-formed cells in the lungs in cases of bronchitis and catarrhal pneumonia I believe its great curative power is owing.

### SUBPERITONEAL UTERINE FIBROIDS.

CLINIC BY PROF. THOMAS, NEW YORK.

The patient who will now engage our attention, and who has been sent to us through the kindness of my friend, Dr. P. Brynberg Porter, is a native of Ireland, forty years of age, and unmarried. She states that she has been suffering for seven years, but has been able to work all the time. When asked the nature of her complaint, she replies, "I am all pains," and when requested to designate the special seat of the pain, she says that it comes "all around the lower part of the stomach and down the legs. She furthermore says that her "stomach often swells up," and that she sometimes has headache. She is regular in her monthly periods, but says that she suffers very much at such times, the pain coming on almost a week before the flow makes its appearance. When it is added that she suffers sometimes from backache, and occasionally has a slight leucorrhœa, you have the complete history of the case as elicited from the patient herself.

You will notice that there are really very few important symptoms indeed. There is a good deal of pelvic pain, certainly, and some dysmenorrhœa, but that is about all. She has, however, a certain uterine disorder in an unusually marked form. Under the circumstances, I think it has been the greatest blessing in the world to her that she has been obliged to work for her living; for if she had been a wealthy lady, with nothing to think about except her own ailments, I can hardly doubt that she would have altogether succumbed before this.

Now let me describe to you and roughly indicate on the black-board the condition of affairs that I discovered on making an examination in this case. When I carried my finger up into the vagina I found a nulliparous uterus, rather low down in the pelvis, and with a round, hard growth on



its anterior surface. On resorting to conjoined manipulation, which could be employed with remarkable facility in this case, on account of the laxity of the abdominal walls, I discovered another hard mass, as large as a small cocoa-nut, situated behind the uterus, while beneath it could be felt two other similar growths. Neither of the ovaries could be detected, and the fact that all these growths moved with the uterus when it was rocked from side to side, or forward and backward, by means of the sound, showed that they were without doubt all outgrowths of that organ. The uterus is, then, the centre of at least four solid tumors, and the question now arises, What are they? There can be but one answer to this, and that is that they are uterine fibroids, although very different in character from the fibroids we frequently meet with. They can, indeed, be nothing else. If they were phlegmons they would be fixed immovably in the pelvis. They cannot be ovarian tumors, on account of their position, to say nothing of their characteristics; and if they were malignant in character other symptoms would be present, and the patient's general health would be completely broken down. Indeed, it would have been a miracle if the patient were alive at all at the end of seven years. Finally, not to go into the process of exclusion more at length, it is impossible that they should be fecal accumulations.

I wish to call your attention particularly to the insignificance of the symptoms here, where there is such a very marked abnormal condition in the pelvis, for the reason that I know of no cases which are so apt to entice the young practitioner into giving an erroneous opinion, especially as regards prognosis, as those like the one now before us. When he finds, on making a physical exploration, such a state of affairs as we have seen to exist here, he thinks that he has made a diagnosis of the utmost importance, and, led by his imagination to suppose that the worst results must inevitably ensue, he makes a dreadful prognosis. Every word that he tells the patient, however, is contradicted by the subsequent history of the case, and ten years afterward it may be that he will have it thrown in his teeth that he made this great blunder in regard to it. The inexperienced gynæcologist can hardly realize that such a state of affairs can exist in the pelvis without producing the most serious consequences, and, therefore, I want to forewarn you especially on this point.

Klaub, in his work on the Pathology of the Sexual Organs, the deductions in which are founded entirely on autopsies and microscopical examinations, has shown the fibroids of larger or smaller size (many of them, of course, quite minute) exist in nearly forty per cent. of all Anglo-Saxon women who have reached the age of forty. The remarkable prevalence of fibroids among negro women is notorious, and in my experience it is quite excep-

tional to find one of them in whom one or more fibroids cannot be detected. Some years ago I had the opportunity of being present at the autopsy of a negress who died of inflammation of the lungs, and it is an actual fact that no less than thirty-five fibroids, of all sizes, were found on her person. The largest was about the size of my head, and the next as large as a cocoa nut. Thousands of women who are affected with fibroids are in happy ignorance that they have a *tumor*, and in this connection I would offer the following piece of advice to you: When in any case you have made the diagnosis of fibroids, do not inform the patient of the fact unless you are forced to do so; because the very name of tumor is a kind of shibboleth to most women, and it will probably have a bad moral effect upon her. This should be observed as a general rule, although cases occasionally occur in which it is best to make the diagnosis known. It may be objected to the rule that there are some instances in which if we tell the patient that there is nothing serious the matter the future course of the case will not be in accordance with our predictions; but these are very rare exceptions indeed, and it is always possible for us to exonerate ourselves from blame by stating that the case is an exceptional one.

It is an important point in connection with the present case that the patient is approaching the menopause, after which she is scarcely likely to have any trouble whatever. As far as I am able to make out, there is every prospect of her living to a good old age, and if, when she had died at the age of ninety, for instance, an autopsy should be made, nothing abnormal would be detected about the pelvic organs except a considerable number of cretaceous particles embedded in some hard, fibrous masses of comparatively small size, the remains of the extensive growths which now surround the uterus.

But it may be asked, Is there nothing that we ought to do for this woman? Unquestionably there is something that can be done for her. The very fact of the existence of these fibroids shows that the patient's system is below par, to borrow a commercial expression. There are exceedingly few persons, as you know, who can be said to be in perfect health, and in this instance the presence of the fibroids is the evidence that something is wrong. I would, therefore, recommend a sufficient amount of exercise, a nutritious diet, and careful attention to all the emunctories of the body. I would surround the patient with the best hygienic conditions possible in her case, and, in short, would endeavor to get her system in the same condition that I would that of an individual in the first stage of pulmonary tuberculosis. She is not losing too much blood at her menstrual periods, and some efficient tonic is all the medication that she seems at present to require. It should be the physician's.

endeavor to cheer the patient up as much as possible in such a case as this. Such women, when they find that they have fibroid tumors, are very apt to imagine the most terrible evils, and you will find that they are always asking if there is any danger of a tendency to cancer in their case. In regard to this point I may say that I never heard of but one instance of fibroid in which carcinoma occurred, and that was not very well authenticated. It is a remarkable fact that negro women never have cancer of the uterus, and yet, as I have mentioned, they almost invariably have uterine fibroids. Some time ago there was a discussion in the journals on the subject of uterine cancer in the negress, and a distinguished medical professor of Charleston, S.C., a gentleman of immense experience in diseases of women of the African race, then stated that he had never seen a single instance of it. As another point of interest here I may mention that although I have had the opportunity of examining a vast number of cases of ovarian cyst, I have never yet met with a single instance of it in the negress.—*Boston Med. Journal.*

**THE TREATMENT OF PRURITUS VULVÆ.**—In a clinical lecture on the subject of vulvar pruritus, part of which we give above, Dr. Wiltshire (*Brit. Med. Jour.*, vol. i., 1881, p. 328) says that the first thing is to find, if possible, the cause. Extreme cleanliness must be enjoined. Demulcent washes are better than soap, unless carbolic or coal-tar soap be used; and usually even these are inadmissible. Almond meal, strong bran-water, decoction of rice, marsh-mallow, slippery elm, or fine oatmeal are suitable, especially the first, which, if pure, yields during use a marked odor of hydrocyanic acid and appears to soothe materially. When the pruritus is due to animal parasites, ointment of white precipitate, sulphur, or stavesacre speedily cures by destroying the insects and their ova. If nits persist about the public hairs, a lotion containing bichloride of mercury and acetic acid will dissolve them. Ascarides are destroyed by a carbolic lotion (1 to 60): general treatment, however, should be used, as iron, quinine, cod-liver oil, together with enemata of hamamelis, lime-water, iron, etc.

The vegetable parasites are treated by washes of borax, boracic acid, sulphurous acid, etc. Parasiticide lotions are certainly the most useful in the majority of cases, which point towards vegetable organisms as the commonest cause of the pruritus. The borax lotion should be of the strength of a drachm to five ounces of warm water, or stronger. Hydrocyanic acid, say 3j of the dilute acid to water ʒxx, or morphia (2 grs.), atropia ( $\frac{1}{2}$  gr.), aconitia ( $\frac{1}{2}$  gr.), or veratria ( $\frac{1}{2}$  gr.) to the same amount. Infusion of tobacco (half an ounce to the pint) alone relieves some cases, and forms a good vehicle for borax or boracic acid. It is not

well to use glycerin with the borax, as a rule, as it is apt, owing to its affinity for water, to aggravate the irritation. Strong solution of poppy is a good vehicle for borax. Chloral frequently does not suit. Ice suits some, very hot water others. In some cases ether spray might be tried. Ointments, if used, should be of non-rancid fats or cosmoline. Two drachms of iodine (tincture?) in two ounces of elder-flower water sometimes answers. Electricity may afford relief in neural cases. Probably faradism would be the preferable form.

In simple vulvitis, borax or carbolic-acid lotions relieve. An ointment of calomel or bismuth is also good. Malignant affections of the parts call for ablation, but where this is not practicable, sedative applications (conium, opium, belladonna) alone are often all that we can employ.

Of course urethral caruncles, urethritis, vaginitis, etc., should receive thorough treatment. When there is congestion with loading of the portal circulation, a mercurial and saline purge is helpful. When eczema with fissure is present, a poultice made of the clot formed by adding two drachms of lead-water to ten ounces of new milk is most useful. Diabetes must of course be combated, and frequent ablutions with borax washes form a good local treatment. In wakefulness from diabetic pruritus, codeia in one-grain doses in pill is often useful. The bromides are also useful.

Pregnant women often suffer terribly. When *oïdium albicans* is present, sulphurous acid gives relief. A tablespoonful should be freshly mixed with half a pint of warm water, barley-water, or almond emulsion for each application. Chloroform locally, in liniment, ointment, lotion, or vapor, answers well occasionally; bichloride of mercury, gr. i-v, ad ʒviij mist. amygdalæ, gives relief in some cases. It should not be used when there is abrasion. Section of the pudic nerve has been suggested in desperate cases, but has never been practised.—*Med. Times.*

**IRON HYPODERMICALLY IN CHLOROSIS.**—Dr. J. M. Da Costa in a lecture on chlorosis, reported in the *N. Y. Med. Gazette*, says, in speaking of a patient whom he is showing to the class: "Her rapid improvement is altogether due, I think, to a new remedy which I am employing in a very novel manner. I refer to the rapid introduction of iron into the girl's system by means of the hypodermic syringe." Heretofore it has been attempted to introduce iron by this means into the system, but all preparations have proved too irritating. Dialyzed iron is neutral and non-irritating, and is followed neither by costiveness nor disordered digestion. Dr. Da Costa used the iron diluted at first, but later pure in the dose of fifteen minims daily. This was finally increased to thirty minims, and the patient showed wonderful improvement, the venous murmurs disappearing, the digestion



becoming good, and the menstrual flow which had been absent for several months appearing regularly again. Dr. Da Costa thinks that the hypodermic use of iron should be retried in pernicious anæmia, the cause of its failure before being the great disturbances which have attended its use.—*Western Lancet*.

FOR ACUTE CATARRH.—Dr. T. F. Houston recommends for fresh cold in the head, accompanied with obstruction of the nasal passages :

R Carbolic acid.....	ʒj;	4.00 fl. Gm.
Absolute alcohol. ....	ʒij;	8.00 "
Caustic sol. of ammonia	ʒj;	4.00 "
Distilled water.....	ʒiij;	12.00 "

Mix. Make a cone of writing paper; put a small piece of cotton in it; drop on the cotton ten drops of the mixture, and inhale until all is evaporated. Repeat this every two hours until relieved.—*Southern Med. Record*.

NIGHT SWEATS.—The following prescription, given by Dr. Farquharson of London, is highly recommended in the treatment of night-sweats. It is also very useful in some forms of summer diarrhoea and as a prophylactic against painter's colic :

R Acidi sulphurici .....	ʒijss
Tinct. opii.....	ʒj
Syrupi aurantii.....	ʒj
Aquæ, ad .....	ʒviij—M.

Sig. Two tablespoonfuls three times a day.

TREATMENT IN CASES OF EXCESSIVE LOCHIAL DISCHARGES.—Dr. Hugh Miller, in a clinical lecture delivered at Glasgow, recommends the following prescription in cases in which there is an excessive discharge, accompanied by a relaxed condition of the uterus. He administers one drachm doses of liquid extract of ergot repeated every three or four hours, and

R Quinæ sulph. ....	$\frac{1}{2}$ drachm.
Acidi hydrobrom. ....	6 drachms.
Aquæ ad.....	2 ounces.

Dose, one drachm in aq. ter. in die.

By this method large doses of quinia may be given without causing headache. In septic cases Dr. Miller advises the employment of sulphocarbolate of potash, in the form of powders, in doses of ten to fifteen grains internally three times a day.

When the discharge is suspended, the treatment consists of turpentine stupes applied over the lower part of the abdomen, with the addition of warm moist cloths, or of sponges, pressed out of hot water, and applied to the external parts. In special cases, which require an antiseptic form of treatment, Dr. Miller makes use of a solution of thymol, one part to five hundred parts of water, or, better,

three grains of thymol to an ounce of eau de Cologne. This mixture, which has a pleasant and rather refreshing odor, is simply sprinkled over the napkins before they are used. In severe cases, with a putrid odor, a solution of permanganate of potash, injected with Higginson's syringe, provided with a vaginal portion, is made use of; the injection of the fluid is continued till it returns unaltered in color. In all cases where the discharge is excessive, tincture of arnica is employed; the tincture is used in the proportion of one teaspoonful to a cupful of water; it acts as a mild astringent and disinfectant.—*Canada Med. Record*.

APOCYNUM CANNABINUM IN ANASARCA.—Bright's disease is becoming the fashionable disease to study, more especially since Charcot, who sets the fashion for many physicians in the United States, has been paying much attention to it; these studies have been chiefly pathological and symptomatological. However, many independent observers have dealt with it from the therapeutical aspect, and Dr. J. S. Dabney (New Orleans *Medical and Surgical Journal*, February, 1881,) has found, he claims, that apocynum cannabinum is one of the best diuretics and hydrogogue cathartics that can be employed in the disease, as it causes not only marked diminution of the anasarca but also decrease of the albumen and casts. He claims for it certain advantages: First, a small quantity only, is necessary to produce diuresis, emesis or catharsis. Second, it has an agreeable aromatic taste. Third, it has tonic properties. Fourth, its harmlessness, free emesis resulting on an overdose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca and allied conditions.—*Chicago Medical Review*.

A CELLULOID NOSE.—A German medical journal states that a dentist in Bamberg recently modelled a celluloid nasal organ for a patient who had lost his nose in consequence of lupus. Rhinoplasty had been tried by Thiersch, but the absence of the nasal cartilages made the operation an unsuccessful one. The nasal passages were kept open by the introduction of goose-quills, and the patient was in a distressing condition. A plaster-of-Paris model of the parts was first made, and then a wax nose fitted to the same. This was afterward worked in celluloid, and two little silver canulæ substituted for the goose-quills. By a hooklet the celluloid nose was attached to a pair of spectacles. This apparatus is cleaned twice daily, and occasions so little inconvenience that the patient does not even remove it at night.—*Boston Four. Chemistry*.

HON. THOS. A. SCOTT, the railroad magnate, has given fifty thousand dollars to the University of Pennsylvania and the same amount to Jefferson Medical College.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

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TORONTO, JUNE 1, 1881.

## THE ONTARIO MEDICAL COUNCIL.

As the time draws near for the annual meeting of the Council, the profession may be supposed to be interested in what is likely to be done. In our opinion the Council has already done a great deal of good in improving medical education, and no disinterested looker-on can truthfully say anything else. To expect everything to run year after year with absolute smoothness is to look for far too much; but the frictions and the troubles springing from them, are annually lessening sensibly, and the only thing to be done by the Council in dealing with what now appears to be causing a good deal of feeling, in connection with the recent examinations, is to consider the whole of the circumstances carefully and judiciously, and having done so, to adopt such a course as is absolutely just and right to all parties concerned, and this is due most of all to the Council itself. It is very unfortunate that any trouble or difficulty whatever should have arisen this year. It could easily have been avoided without even a thought of censure, and we think it unfortunate that the Executive Committee did not see the way clear to take such action as would have prevented all the trouble which has arisen, and which we will endeavour to explain.

The very first rule of the Council's printed regulations, under the head of "Examinations," is as follows:—"No teacher in any school of medicine in Ontario can hold the position of examiner on the subjects upon which he lectures, or upon which he may have lectured within one year prior to the date of the examinations." This is a very wise regulation and imperatively required where students from different schools go up for examination, for it precludes, if carried out in the spirit, as well

as in the letter, the possibility of any portion of these having the manifestly unfair advantage over others, of being examined in any subject by the person who has instructed them in it, and with whose mode of teaching, and also of questioning, they must necessarily, be perfectly familiar. The justice and necessity of this regulation are so apparent that it is needless to discuss it. The examiner in Surgical Anatomy was Dr. Sullivan, Prof. of Surgery in the Kingston Medical School. In the Calendar of that school (page 9) is the following paragraph:—"These lectures (Dr. Sullivan's) embrace the principles and practice of Surgery and Surgical Anatomy,"—"all the chief operations will be performed upon the cadaver in presence of the class."

Seeing this plain and definite announcement, the Toronto students of both schools, respectfully petitioned the Executive Committee, directing attention to the above quoted regulation of the Council, and also to the above paragraph in the calendar of the Kingston school, and praying that Surgical Anatomy might be given to some other examiner. In this petition the students allege that not even a thought of disrespect towards Dr. Sullivan was cherished. His position as examiner in that particular subject was in evident conflict with the Council's printed rules, and the students say they merely pointed this out, using the right of petition—a right enjoyed by every British subject. The Executive Committee at once sought and obtained further information on the subject, by writing to the Kingston school and also from one of its senior members, who happened to be in Toronto during the Committee's session, which was to the effect that Dr. Sullivan lectured on surgery and not on surgical anatomy, and that the printed statement in the school calendar was a mistake. This explanation was accepted and no change was made, although everybody knows that a teacher of operative surgery must, as a matter of necessity, teach surgical anatomy, and especially such as was embodied in several of the questions propounded by the examiner. The students felt much aggrieved that their largely signed petition, should have been ignored, and Dr. Sullivan, too, appears, as we think very mistakenly, to have regarded the matter as a personal one, when in reality it was nothing of the kind.

When the examinations came on, the final men



as a body were well satisfied with everything but surgical anatomy, in which subject it so happened that every member of the examiner's class passed, while a large number of the Toronto students were rejected, although some of them made a high percentage in all the other branches.

This is exactly how the matter stands at present, and the circumstances are such as will call for the wisest action on the part of the Council—no hasty decision, but a most careful and dispassionate survey of the whole case is urgently needed. As "prevention is better than cure," we do hope that hereafter such care may be taken as will prevent the possibility of such a thing recurring.

Would it not greatly conduce to simplicity and lessen possible grounds of complaint in future, very much, to have all the examinations conducted in Toronto? This would work better than the present plan and be more worthy of such a body as the Council. If it be wise to hold examinations in two places simultaneously, why not hold them in four or six towns? The plan is neither dignified nor wise and we hope it may be given up. Would it not be a wise step also in the direction of preventing future trouble, to extend the regulation quoted above, so far as to prevent any teacher of anatomy examining upon anatomy, or surgical anatomy—or a teacher of surgery, upon surgery, surgical anatomy, or surgical pathology—or a teacher of medicine, upon medicine, or medical pathology? Further, would it not be wise to prevent any one who is a teacher in a medical school and who must therefore personally know some coming before him, from taking any part in the oral examinations?

We earnestly wish to see the Council becoming yearly more useful, and more popular with the profession; and wisely conducted, there is no reason why this should not be so. We confidently look for a calm, wise and satisfactory solution of present difficulties, and we hope that in future every possible precaution may be taken to avoid giving any just cause of complaint.

#### THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the American Medical Association in Richmond, Va., under the presidency of Dr. Hodgen, of St. Louis, was in many respects a successful one. About five hundred

delegates were present, among whom were some of the luminaries of the profession in America—Gross, Sims, Thomas, Emmett, Wood, Holmes, Da Costa, Stillé, Woodward, Sayre, &c., &c. The President delivered a sound and practical address, in which he spoke of the recent progress in perfecting the methods of operative surgery. He divided surgeons into two classes—the one bold, reckless and ambitious, seeking to perform every practicable operation; the other cautious and conservative, avoiding operations whenever it was possible. The first class was largely made up of young men burning to follow the example of some great master; the second was recruited largely from the first, after many and bitter lessons of disappointment, drawn from the experience of many *grave* disasters. He then proceeded to speak of some of the unnecessary and often dangerous surgical procedures too frequently resorted to by gynecologists, such as division of the cervix uteri for flexures, and for the cure of lacerations of the cervix uteri, and condemned the adoption of exclusive specialties by physicians not well trained in general medicine.

The work of the sections, of which there were six, was kept well in hand, and many interesting papers were read and discussed after the close of the general session each day. The address on surgery was delivered by Dr. McGuire, of Richmond, chairman of the Section. His subject was the consideration of "Gun-shot wounds of the Abdomen," in which he advocated operative interference in penetrating wounds with intestinal injury, and the use of the drainage tube. In such cases he would enlarge the wound, or make an incision in the linea alba sufficient to allow a thorough inspection of the injured parts.

Dr. Wm. Pepper of Philadelphia, delivered the address in medicine, in which he devoted himself to the consideration of the great importance of local lesions, as forming the cause of many apparently obscure diseases, and dwelt on the present tendency to assume the existence of blood-poisoning. Such a theory, he thought, lead to the dependence on merely supporting and inactive treatment, instead of the pursuance of active therapeutics. Reference was also made by him to the importance of seeking for remedies possessing special antidotal power against contagious diseases, and alluded to the remarkable results recently observed

in the treatment of diphtheria by the use of large doses of bichloride of mercury. An interesting discussion followed the reading of the address.

The address on obstetrics and gynæcology was delivered by Dr. James R. Chadwick, of Boston, chairman of the Section, in which he reviewed the progress in the literature of this department from 1876 to 1881. He claimed for Americans a special pre-eminence in this particular field, and said that the practice of gynæcology had reached among them a stage far in advance of other nations.

In connection with the general business of the association may be mentioned the adoption of a resolution, setting forth the necessity of publishing a weekly journal similar to the *British Medical Journal*, instead of the tardy volume of transactions hitherto published, and a committee was appointed to report upon a plan for the publication of a journal, salary to be given the editor, and other important details.

A proposal introduced by Prof. Gross, to establish a Section on Dentistry, similar to that of the British Medical Association was according to the rules of the association laid over to the next annual meeting.

The question of admitting Homœopathic students to attendance upon lectures at regular schools, which has been before the association for the past two years, come up for final settlement, and was ably debated by Prof. Dunster in the affirmative and Prof. Davis of Chicago in the negative. A compromise was effected by the passing of a resolution permitting the attendance of Homœopathic students upon lectures; but prohibiting the teachers from signing any diplomas or certificates of proficiency, for any persons whom they have good reason to believe intend to practice any exclusive or irregular system of medicine.

The social side of the meeting was in keeping with the well known hospitality of the people of Richmond. Public receptions, private entertainments, lunches, dinners, excursions, operas, etc., were sufficiently numerous and attractive, almost to turn the attention of the strongest minded from the more sober business of the association.

Dr. J. J. Woodward, of Washington, was elected President for the ensuing year, and St. Paul, Minnesota, selected as the next place of meeting on the first Tuesday in June, 1882.

## UNIVERSITY OF TRINITY COLLEGE TORONTO.

The annual special convocation of this University, for the conferring of degrees in medicine was held on the 11th ult., when the following gentlemen received their degrees. The proceedings were, as usual, enlivened by the characteristic songs of the students.

M.D. & C.M.:—H. Minshall, J. Wishart, A. B. Cook, R. Patterson, G. O'Reilly, J. A. Sinclair, J. E. Shaw, A. J. Geikie, J. S. Atkinson, W. McKay, K. Henderson, J. A. McKinnon.

M.B.:—W. A. Allen, G. S. Beck, J. Baugh, C. W. Belton, T. G. Brereton, L. Bentley, M. L. Cameron, J. Ferrier, C. M. Freeman, A. H. Ferguson, A. K. Kerr, F. S. Keele, L. J. Lennox, P. May, W. F. McLean, H. R. McGill, G. McLain, H. P. McCausland, J. R. Macdonald, H. A. Mickle, Thos. G. Phillips, W. F. Peters, R. Raikes, E. A. Spilsbury, J. Simpson, T. Sullivan, T. H. Stark, A. McC. Sloan, E. A. Stutt, J. C. Urquhart, T. Walker, F. E. Woolverton.

University Gold Medalist — W. F. Peters. Standing in the entire examination, including primary and final branches, 87 per cent.

University Silver Medalist — James Baugh. Standing in the entire examination, 83 per cent.

Certificates of Honour—W. F. Peters, James Baugh, J. C. Urquhart, A. H. Ferguson, J. A. Macdonald, T. G. Brereton, L. Bentley, G. McLain.

The Chancellor in a brief address congratulated the Dean and Faculty on the success which had attended the examinations, and also as to the character of the work required of the candidates. From the correspondence he had seen in the press he thought some of these gentlemen had passed through a severe examination. They were entering upon a high and honourable profession, and he was sure the recipients of the honours conferred upon them that day would uphold the probity and integrity of their calling. He would like, he said, to see the bonds drawn still closer between Trinity Medical School and Trinity University. He trusted that the important question of sanitary science would receive a great deal of attention from those who were about to enter upon the practice of medicine. Such could not fail to prove of incalculable advantage to their



fellow-citizens, and to the whole country. Civic bodies, as they all knew, were slow to move in that matter, and it should, he believed, be taken up by medical men, who could do much to prevent the evils arising from the neglect of simple sanitary rules.

### TRINITY MEDICAL SCHOOL.

The annual conferring of Fellowship Diplomas and awarding of honours in this school took place on the 2nd ult. Dr. Geikie, Dean of the Faculty presided, supported by the Rev. Provost Whitaker Rev. John Langtry, and members of the Faculty.

FIRST YEAR'S EXAMINATION.—J. E. Jenner, T. H. Robinson, A. D. Lake, J. C. McCullough, E. H. Williams, E. M. Hoople, J. Whetham, G. Shoults, B. H. Scott, J. S. McCullough, A. G. Elliott, W. F. Dickson, J. A. Thompson. D. F. Rae, S. M. Dorland, P. N. Davey, R. Hislop, J. A. McMichael, C. E. Duncombe, W. F. Freeman and S. L'Amoreaux.

Passed in three of the subjects—F. W. Rundle. In two subjects R. A. Barber and J. Woodruff.

FIRST YEAR'S SCHOLARSHIP.—J. E. Jenner.—Presented by Prof. Sheard.

PRIMARY EXAMINATION.—W. H. Macdonald, T. Sullivan, E. R. Woods, J. J. O'Keefe, L. Backus, J. Urquhart, T. W. Duncombe, S. A. Metherell, H. H. Graham, J. Johnston, A. D. Smith, W. Bonnar, R. W. Belt, W. Natrass, F. W. Fairbairn, J. B. Gullen, R. M. Fairchild, J. D. Wilson, A. Cameron, A. C. Gaviller.

SECOND YEAR'S SCHOLARSHIP.—W. H. McDonald.—Presented by Prof. Kirkland. Certificates of Honour.—W. Bonnar, L. Backus, A. D. Smith, W. Natrass.—Presented by Prof. Grasett.

FELLOWSHIP DEGREE—FINAL.—W. A. Mearns, A. H. Ferguson, W. F. Peters, T. G. Brereton, J. C. Urquhart, E. D. Vandervoort, F. E. Woolverton, J. J. O'Keefe, J. A. Macdonald, R. Raikes, J. Ferrier, H. H. Kerr, H. R. McGill, C. M. Freeman, G. McLain. Gold Medallist.—M. A. Mearns; 1st Silver Medallist.—A. H. Ferguson; 2nd do.—W. F. Peters.

CERTIFICATES OF HONOR.—W. A. Mearns, A. H. Ferguson, W. F. Peters, T. G. Brereton, J. C. Urquhart.—Presented by Prof. Temple. In presenting them with the honours they had so nobly won, he congratulated them on the very high

standing in the final branches, their diligence and general good character, and wished them every success in after life.

The MEDALS were then presented to the successful candidates. The 1st and 2nd silver medal by Rev. Provost Whitaker, and Rev. J. Langtry, in the absence of Profs. Kennedy and Covernton, and the Gold Medal, the highest honor in the school, by Prof. Fulton, who spoke in terms of the highest praise of Mr. Mearns, the winner of the gold medal, saying that he had passed a most creditable and successful examination, his average in all subjects being 92 per cent. His papers were prepared with great care, every answer being clear and full, yet without a redundant word. Although it was quite true that those who took high honours in college did not always do best in the contest of actual life, yet he had no doubt from his knowledge of Mr. Mearns' college career that he would become a successful professional man.

The successful final candidates being called forward made the usual affirmation as read by the Secretary, Dr. J. Fraser, that they would do all in their power for those who came under their charge, that they would never divulge anything learned in visiting the sick in violation of the confidence reposed in them professionally, and that they would always guard the honour of the profession, and promote the interests of their *Alma Mater*.

Dr. Geikie then presented the diplomas, and in a few brief remarks said their names were enrolled on the College list with pleasure, and with confidence in their future. He called upon them to keep untarnished the name of the College which was entrusted to them, and not only so, but to reflect all possible credit upon it. He called upon the Provost, whom he was pleased and glad to see with them, though he regretted it might be for the last time, to say a few words to the students.

Provost Whitaker, addressing himself specially to those who were soon to go out to their active duties in the world, said he trusted their diligent study here would be but the beginning of a life-long study, for those who would be successful must be students after they had left college. He need hardly tell them how great an advantage they would gain from devoting themselves to amassing information outside the immediate scope of their own profession. He would remind them, however, of the great end for which all were sent into

the world—to benefit others. No walk of life offered better opportunities for this than the medical profession. It might seem like offering a low aim to say that doing good to others involved doing them no harm, but if this aim were kept steadily in view how much would the condition of all be improved. Some could look back over many years, yet could they think of any friend or acquaintance of whom they could say he had not in word or deed done them any harm whatever. As medical men, they would have to aid and advise those suffering from bodily complaints, yet must they always remember that they must refrain from every word or action which would spiritually or morally injure their patients. The medical profession had been honoured by many bright examples of men who, not only became distinguished for their scientific knowledge, but were known for the purity and earnestness of their lives. Among these was one whose name would long be remembered in this city. He alluded to Dr. Bovell. He trusted they would seek not mere profit, not mere professional eminence, but that they would endeavour to achieve the more lasting honours of being helpful to their fellow-men. He would be doing dishonour to this place were he to refrain from saying that they could not discharge their duty in this respect in any purpose or strength of their own, but must look to Him who was the giver of all good, and consecrate their lives to him by faithful earnest prayer.

#### VICTORIA COLLEGE CONVOCATION.

The following degrees were conferred at the recent convocation in this University at Cobourg:

M.D., C.M.—Toronto School of Medicine.—W. H. Aikins, W. C. Edmondson, F. Howitt, A. C. Jones, M. Wallace, G. S. Bingham, R. C. Teller, A. Nicholson, L. M. Sweetman, W. Gunn, J. G. Mennie, R. M. Fisher, H. R. Elliott, S. A. Bosankro, A. G. Machell, G. Wilcock, W. J. Tracey, W. A. D. Montgomery, W. J. Charlton, G. W. Hahen, A. Chapman, J. C. Burt, J. MacBride, J. M. Cotton, J. Simpson, W. Gilpin, R. S. Frost, E. A. Nealon, H. Y. Baldwin, T. Chisholm, R. W. B. Smith, J. B. White.

Montreal School.—H. Legault, P. E. F. Pager, J. Asselin, A. Lynch, J. A. Soulard, E. Martin, T. Hamelin, J. A. Prieux, J. B. LeRoy, F. X.

Perrault, C. A. Fortier, C. Fautaux, G. Huot, E. N. Fournier, E. Voisard, J. A. Desjardins, Thos. E. d'Otet d'Orsonnens, Edmond Robillard, G. B. Smith, H. Watt, A. W. Campbell, R. W. B. Smith, J. B. White.

L.L.D. (Hon.)—W. T. Aikins, M.D., President, Toronto School of Medicine, and Dr. Thos. E. D'Odette d'Orsonnens, President, Montreal School of Medicine.

#### CHARLES V. BERRYMAN, M.A., M.D.

The death of Dr. Berryman, at his residence in Yorkville, on the 2nd ult., removes another of the landmarks in the medical history of the past. He was born in Penzance, Cornwall, England in 1830, and was consequently fifty-one years of age at the time of his death. He received early in life a liberal education, and was naturally possessed of more than ordinary intellectual abilities. He was an undergraduate of the University of Oxford, Eng., and was destined by his father for the church, but his tastes and inclinations pointed in another direction. For several years he acted as chief dispenser and apothecary in his brother's business, through which he acquired an intimate knowledge of drugs, and which was the means of fitting him in after life for the discharge of the duties of the Professorship of Materia Medica, which he for so many years held in Victoria College. His medical education was received chiefly in the medical department of Victoria College known as "Rolph's School," in which he graduated in 1857. After graduation he practiced his profession for a short time in Chatham, but soon after received the appointment of Professor of Materia Medica and Medical Jurisprudence in the school in which he was educated. This position he retained until the collapse of the school in 1875. He received the degree of M.A. (Hon.) in Victoria University in 1861. He also represented this University in the Ontario Medical Council from 1866 to 1880. He served for several years as Reeve of the Municipality of Yorkville, and for many years on the acting staff of the Toronto General Hospital. His earlier years in the profession gave great promise of future usefulness, but from an unfortunate weakness his later years were somewhat clouded. He was well known in Canada having occupied a prominent position for a period of upwards of twenty-five years. He leaves a wife and family to mourn his loss.



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The following are the names of the successful candidates at the recent professional examinations in medicine.

PRIMARY.—W. A. Allan, E. Bedard, J. Baugh, J. C. Burt, R. W. Belt, W. Bonnar, R. Coulter, A. Cameron, G. W. Clendenan, M. K. Collver, R. Coughlan, G. H. Denike, G. C. Dowsley, W. F. Eastwood, J. A. Freel, A. C. Gaviller, R. W. Garrett, W. H. Johnson, C. E. Jarvis, J. Johnston, J. M. Jackson, W. J. Lepper, J. A. Meldrum, T. F. McMahon, H. P. McCausland, A. C. Panton, S. R. Rogers, W. J. Robinson, D. B. Rutherford, A. D. Smith, S. H. Snider, J. E. Shore, J. M. Stewart, R. R. Wallace.

THIRD YEAR.—J. F. Bell, G. S. Cleland, J. T. Duncan, D. W. Montgomery, D. Rose.

FINAL.—H. W. Aikins, F. R. Alexander, F. R. Berry, G. S. Bingham, P. Cameron, J. G. Clarke, J. H. Duncan, C. V. Emory, W. C. Edmondson, H. D. Fraser, W. L. Gray, W. J. Gibson, H. E. Heyd, A. C. Jones, J. Jamieson, G. E. Josephs, L. J. Lennox, W. A. Lavell, W. A. Mearns, A. G. Machell, E. A. McGannon, G. McLain, J. S. McGurn, E. Oldham, J. F. O'Shea, J. Robinson, T. W. Reynolds, D. H. Rogers, J. Simpson, L. M. Sweetnam, W. A. Snow, W. J. Tracy, T. F. Woolverton, J. Walker, E. S. Wilson, D. Wallace, G. C. Wagner.

ONTARIO MEDICAL ASSOCIATION.—We beg leave again to remind our readers of the meeting which takes place in Toronto on the 1st and 2nd of June. The meeting promises to be an interesting one, and the attendance will no doubt be large, as reduction of fares by all the railways and steamboat companies have been secured. The following papers have already been promised: Dr. Coburn, Oshawa, Case of Aneurism; Dr. Oldright, Toronto, Case of Hip Joint Disease of fifty-three years' standing, with osteophyte; also Disposal of Sewer Gases; Dr. Rosebrugh, Hamilton, Forward Displacement and Descent of Uterus, and description of new Antelexion Pessary; Dr. Canniff, Toronto, Case of Obscure Cerebral Disease; Dr. Groves, Fergus, Suprapubic Lithotomy; Dr. Palmer, Toronto, Laryngeal Phthisis; Dr. Curry, Rockwood, The Science of Medicine and Common Sense; Dr. King, Toronto, Pernicious Anæmia with case; Dr. Powell, Edgar, Case

of Congenital Epiphysial Separation of the upper ends of both Tibiæ with plaster casts and photograph; Dr. J. Stewart, Brucefield, Treatment of night sweats of Phthisis by Coto bark; Dr. Graham, Toronto, Therapeutical uses of Sapo Viridis; Dr. Yeomans, Mount Forest, Notes on a Case of Empyema; Dr. McKelcan of Hamilton will also read a paper—subject not named.

CANADA MEDICAL ASSOCIATION.—The President Dr. Canniff, and officers of the Association are making every effort to render the meeting in Halifax on the 3rd of August a successful one. Arrangements have been made with the Intercolonial Railway Company for return tickets at one and one-third fare, and it is confidently expected that similarly favourable arrangements will be obtained from the various steamboat companies. Those who purpose attending the meeting should notify the President or local secretaries in order that certificates may be furnished to enable them to obtain the reduction in fare. We regret very much to learn that Dr. David, the general Secretary, will in all probability be compelled through continuous ill-health to resign his office at the next meeting. He has long been connected with the Association as its general Secretary, and was most indefatigable in his endeavours to further its interests. Dr. A. H. Wright, of Toronto, will act as Secretary in the interim.

TORONTO UNIVERSITY EXAMINATIONS.—The following are the names of the successful candidates:—

FIRST YEAR.—Meikle, T. D., McKenzie, A. F., Spence, S., Clerke, J. W., Johnston, J. Z., Bray, J., Richardson, W. A., Draper, J. S., Jacques, W., Stewart, R. L., Thompson, A. S. *Scholarships*.—1st. Spence, J.; 2nd. Clerke, J. W.

SECOND YEAR.—Robinson, W. J., Doelson F. J., Meldrum, J. A., Clerke, H. S., Fletcher, W., Hansler, J. E. *Scholarships*.—1st. Robinson, J. W.; 2nd. Doelson, F. J.

PRIMARY EXAMINATION.—Coulter, R., Cuthbertson, W., Frost, R. S., Freel, A. I., Harrison, B. D., Jackson, H. P., Lepper, W. J., Nasmith, A. D., Ray, J. W., Shore, J. E., Walmsley, P. C., Willmot, J. W.

THIRD YEAR.—Panton, A. C., Knill, E. J., McMahon, T. F., Hanbridge, W., Fletcher, W., Ferrier, J., Cleland, G. S., Wallace, R. R., Mont-

gomery, D. W., Duncan, J. T., Bell, J. F., Eastwood, W. F., Fisher, R. M., Lafferty, J., Woolverton, F. S., McMurrich, J. P., Milroy, T. N., Kent, F. D., Johnson, W. H. *Scholarships*—1st. Wallace, R. R.; 2nd. Duncan, J. T.

A few whose names do not appear have passed on certain subjects in their respective years.

M.B.—Aikins, H. W.; Aikins, W. H.; Beck, G. S.; Bentley, L.; Bingham, G. S.; Bosanko, S. A.; Burt, J. C.; Cotton, J. M.; Cotton, R.; Elliott, H. R.; Edmondson, W. C.; Ferguson, A. H.; Gunn, W.; Howitt, F. W.; Jones, A. C.; Kerr, H. K.; Machell, A. G.; May, P.; Mearns, W. A.; Meldrum, P. G.; McBride, J.; McCracken, C. L.; McTavish, D. A.; Montgomery, W. A. D.; Nicholson, M. A.; Sweetnam, L. W.; Tracey, W. J.; Vandervoort, E. D.; Wallace, N.; Witherspoon, W. L.

Gold Medal, and Starr Gold Medal—Duncan, J. H.

M.D.—Spencer, B.; Gardiner, J. H.; Murray, S. S.; Burton, W. H.

MEETING OF THE MEDICAL COUNCIL.—The regular annual meeting of the Ontario Medical Council will be held in this city, commencing on the 14th inst. The following new members have been elected, as referred to in our last issue, viz.:—Dr. Cranston, of Arnprior, as the representative of the Bathurst and Rideau Territorial Division, and Dr. Day, of Trenton, as the representative of the Quinte and Cataraqui Division. They are both good men.

BISHOP'S MEDICAL COLLEGE, MONTREAL.—The following gentlemen have passed the primary and final examinations respectively in this institution:—Final—M. D., C. M.—F. M. R. Spendlove, Gold Medalist; R. H. Wilson, final prize; W. De Moulpié and E. Quinones, first class honors; J. A. Rochette and W. C. McGillis, second class do.

Primary—F. M. R. Spendlove, E. Quinones, J. A. Rochette, W. C. McGillis, and C. S. Fenwick. Several others passed in certain branches.

CANADIANS ABROAD.—Dr. Thos. Kelly of McGill College, Montreal, and Dr. E. F. Hatton, of Trinity Medical College, Toronto, have successfully passed the examination for the diploma of the Royal College of Surgeon, Eng., and were admitted members on the 19th of April.

A WELL-DESERVED COMPLIMENT.—At the semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of the Province of Quebec, held in Montreal on the 11th inst., on the letter of resignation of Dr. A. H. David, one of the representatives of Bishop's College, being read to the Board, it was moved by Dr. Marsden, seconded by the Hon. Dr. Church, "That this Board has received with regret, the announcement of Dr. David's withdrawal, owing to ill-health, from this Board; that before accepting such resignation it desires to put upon record its high sense of the services rendered to the profession and this College in the long series of years during which Dr. David has been a member of the former, and an active worker in the latter. His thorough early and professional training, his large experience and active nature enabled him to bring great power to the consideration and discussion of all matters affecting the interests of the profession. In parting with him this College ventures to express the hope that the cause is only temporary, and that Dr. David may yet be spared many years to bring his large store of useful knowledge and ripe experience to the assistance of the profession and to forward the work of the College." The motion was unanimously adopted.

APPOINTMENTS.—At a meeting of the Faculty of Trinity Medical College, Toronto, held on the 7th ult., J. Fulton, M.D., M.R.C.S., Eng., L.R.C.P., London, editor of the CANADA LANCET, and Prof. of Physiology in the above school, was unanimously elected to the Chair of Surgery *vice* Dr. Bethune, resigned; and Charles Sheard, M.D., M.R.C.S., Eng., was appointed to the Chair of Physiology.

J. W. Leslie, M.D., Toronto, has been appointed Assistant Surgeon to the Queen's Own Rifles, *vice* Dr. Bethune, resigned; Dr. H. A. Higginson, has been appointed Assistant Surgeon to the Prescott Battalion of Infantry, *vice* Dr. Ewing, promoted; and Dr. H. E. Vaux has been appointed Assistant Surgeon to the Brockville Battalion of Infantry, *vice* Dr. Mostyn, deceased.

CORONERS.—H. B. Webster, M.D., of Kentville, and W. S. Woodworth, M.D., of Upper Canard, have been appointed Coroners for the County of Kings, N. S.



**RESECTION OF THE PYLORUS.**—Billroth has now performed this operation for carcinoma three times. The first patient recovered and is able to digest solid food; the second lived eight days and died of asthenia; the third died twelve hours after the operation, from collapse. Dr. Wolfler, assistant to Prof. Billroth, performed the fourth operation on the 8th April. On the seventh day after the operation the patient was going on well.

**SUPERINTENDENTS OF LUNATIC ASYLUMS.**—The annual meeting of the Association of Medical Superintendents of Asylums in the United States, and the Dominion of Canada, will be held at the Rossin House, Toronto, commencing on the 14th of June.

Dr. Reddy has resigned his position on the staff of the Montreal General Hospital.

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### Books and Pamphlets.

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**A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY**, including Localized and General Faradization, Galvanization, Electrolysis and Galvanic Cautery. By George M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D. Third Edition, revised by Dr. Rockwell. With nearly 200 Illustrations. New York, William Wood & Co. Toronto, Willing & Williamson.

This work is already well known to the profession in Canada as the most exhaustive work of the kind on the subject. It has taken its place as a standard authority on the subject of which it treats. The authors are well known specialists in this line, and those who wish to make themselves familiar with the medical and surgical uses of electricity should read this book. It is a work of 750 pages, octavo.

**A TREATISE ON BRIGHT'S DISEASE AND DIABETES**, with especial reference to Pathology and Therapeutics. By James Tyson, A.M., M.D., Prof. General Pathology and Morbid Anatomy, Univ. of Penn., etc., etc.; with illustrations, including a section on Retinitis in Bright's Disease, by William F. Norris, A.M., M.D., Clinical Prof. Ophthalmology, Univ. of Pennsylvania. Philadelphia, Lindsay & Blakiston. Toronto, Hart & Rawlinson.

The author of this work is well known to the

profession in connection with the study of diseases of the kidney, and urinary analysis; and the work before us bears evidence of a careful and thorough investigation and elucidation of the subjects of which it treats. The various forms of Bright's disease are well considered, and much original and valuable matter will be found in the section on diabetes. Dr. Norris has also done ample justice to the chapter on retinitis. We commend the work to our confreres as a most reliable treatise on these important diseases.

**A MANUAL OF THE PRACTICE OF MEDICINE**, designed for the use of Students and the General Practitioner. By Henry C. Moir, M.D., New York. Price, \$2.50.

We believe that works of this kind, carefully prepared and not too much compressed, fill a useful place in our literature; but we really think that the author of this little volume has carried his work of condensation a little too far, so much so that the work will fail to be of service, except to students who are cramming up for a final examination. To such it will be found of no inconsiderable service in refreshing the memory on the essential points to be remembered. It is a most difficult matter to successfully compress even the principles of the science of the practice of medicine into so small a manual. About 50 pages of the work are occupied by prescriptions, adapted to the treatment of the various diseases under consideration.

**ANNUAL REPORT OF THE ASYLUM FOR INSANE**, Kingston. By W. G. Metcalf, Medical Superintendent.

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### Births, Marriages and Deaths.

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On the 11th ult., Hugh Robertson, M.D., Prof. of Anatomy Trinity Medical College, Toronto, to Eliza Jane, daughter of J. Reid, Esq., Osprey, Ont.

On the 5th ult., Simon Fitch, M.D., of Halifax, N. S., to Elizabeth J. Ackerman, of Portland, Me.

At Metaghan, N. S., on the 25th of April, J. G. B. Morrison, M.D., aged 62 years.

On the 7th ult., Dr. Marshall M. P. Dean, of Keene, Ont., suddenly, of heart disease.

On the 19th ult., Dr. Geo. P. De Grassi, of Toronto, aged 39 years.

On the 14th ult., Dr. Joseph P. Nash, Mayor of Picton, Ont.

# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

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## Original Communications.

### PRIMARY TUBERCULOSIS OF THE LARYNX.

(*Delivered before the Ontario Medical Association, in Toronto, June 1st, 1881.*)

BY L. L. PALMER, M.D., C.M., TORONTO.

Surgeon Eye, Ear and Throat.

M. N., æt 28, unmarried, clerk in a store; complained of having had an attack of hoarseness, and some soreness of throat two months. When he came to me Jan. 6th, 1881, he stated that during this time he had suffered pain on deglutition, and hoarseness which now was very marked, but not amounting to aphonia; during this interval he had improved very much, so that he considered himself almost well, but after Christmas he went to the skating rink, where he took cold, and immediately grew worse. During no part of this time had he the slightest cough, nor any symptom of chest affection; temp. 99° F; pulse, about 92; respiration, 21. On careful auscultation and percussion, I found no abnormal sounds audible. Laryngoscopic inspection however disclosed the characteristic picture of a Phthisical Larynx with the exception that there was not that marked pallor which is generally present.

The whole mucous surface of the larynx was much swollen. The epiglottic folds looked like two large solid pyriform tumors—the larger ends being against each other in the median line, to such an extent that the inter-arytænoid fold was lost in the swelling, and the small ones directed upwards and outwards; the epiglottis was much swollen and turban like; vocal cords were red, and seen peeping out underneath the much swollen ventricular bands, and the mucous membrane of all these parts was intensely red, with several points of small ulcera-

tion on the free margin and under-surface of epiglottis and arytenoid cartilage of right side. I considered these appearances, though exceptional in point of colour, in all other respects sufficiently typical to enable me to diagnose it without a doubt tubercular laryngitis—the whole was overlaid with pale, pultaceous deposit.

The patient visited my office frequently and regularly without any marked improvement, though he experienced marked relief from anodyne inhalations of co. tinc. benzoin conium and local applications of boracic acid and morphia, after which deglutition was rendered less difficult. New points of ulceration continued to form, and those already existing, gradually coalesced, forming serpiginous ulcers on the epiglottis and arypiglottic fold, this condition continued to progress, until these ulcers with one another, and with others coalesced, and on the 21st of January, I first discovered on physical exploration of the chest, dullness at the right apex with faint bronchial respiration. The left side still gave normal sounds. This diagnosis was corroborated by another medical man after a careful examination; the pulse now beat about 100, and the temp. was 101° F. This abnormal condition gradually and rapidly extended over the right lung, and soon invaded the left side. Cough also became troublesome, and other symptoms of active tuberculosis, which soon confined the patient to his house; and finding local treatment afforded him no benefit other than a measure of relief, I advised him to go to his home in the country, where I learn he died a few days since.

I regret, gentlemen, that previous to Jan. 21st, I did not have other medical men to auscultate this patient, that I might have the satisfaction of presenting an opinion corroborative of my own. But in the absence of this, we may perhaps assume without arrogance, that the diagnosis was correct; and if so, we have then a case of tuberculosis of the larynx, with an *apparently* normal condition of the lungs. I say *apparently* normal, for in the present state of our knowledge on this subject, and in the absence of a *post mortem* at this particular stage of the disease, we cannot speak more positively. Every practical physician knows the difficulty, indeed the impossibility sometimes, after the most careful physical examination, of detecting small cheesy deposits or indurated spots in the lungs, especially when they are of long standing



and deeply situated. This, associated with a second difficulty, as asserted by Dr. Heinze, of diagnosing by the laryngoscope with absolute certainty the existence of tubercle in the larynx, and these with a third, in securing a *post mortem* at a stage when the larynx is believed to be tuberculous while the lung is not, will doubtless for some time keep the question of *primary tuberculosis* of the *larynx* wrapt in the mist of uncertainty.

Therefore the faithful report of cases carefully investigated, will ever be of value in throwing light on this subject, and clearing up a large and interesting pathological question, as well as one of practical bearing.

The theory asserted by some authorities of eminence, first and foremost amongst these, Louis, of Paris, that the ulceration of the larynx is to be attributed to the corroding effect of the sputa of pulmonary phthisis, seems quite opposed by the history of this case, and cannot hold good, for the laryngeal ulceration existed when there was no sputa other than the product of the larynx, and when there was no cough, as was the case during the first two weeks he was under my observation, and as he asserted was the case prior to this.

Recent researches of such men as Wendt, Isambert and Heinze have made such advance in the pathological study of tuberculosis as affecting the larynx, that laryngoscopists consider it now an accepted fact that tubercle does exist, and does pass through its pathological phases in these regions, and here it takes its seat as it does in the omentum, intestine, spleen and other organs of the body, in a certain sense, *de novo*, if not independently of its existence elsewhere.

Dr. Seiler, of Philadelphia, has reported a case in which he was called upon to make a *post mortem*, in his capacity as pathologist to the Presbyterian Hospital in that city. The patient died with all the symptoms of typhoid fever; she was a young coloured woman of eighteen to twenty years of age. Upon examination he failed to find evidences of typhoid fever, but he found tubercular deposits all through the mesenteric glands, intestines, and omentum, in fact throughout all of the viscera except the lungs; the larynx was perfectly sound.

With such instances before us I think it is safe to assume that we may yet have more clearly demonstrated to us that we may, and do have *primary* laryngeal phthisis with no pulmonic lesion. The

larynx is the common seat of catarrh, especially in variable climates. If catarrhal changes were developed underneath the mucous membrane—in the mucosa and submucosa of the larynx, we have, as far as the larynx is concerned, a condition in which tubercles are more readily deposited. May there not then under such predisposing conditions, be a tendency to an early deposit of tubercle in the larynx, while the lung remains intact? I would urge my belief, that in certain cases phthisical lesions *can* be detected in the larynx before there is any evidence of their existence in the lungs; these lesions are due to a peculiar infiltration of cells; and this obtained in the case which I have taken up your time to report, not so much to insist that it was a case of primary tuberculosis of the larynx, as to elicit the opinion and expression of others, and perhaps draw out a full discussion of the subject.

The following discussion took place after the reading of the paper:

Dr. Graham dissented from the idea of the existence of tubercle in the larynx apart from the lungs. It was possible to have disseminated tubercle existing in the lungs without being discovered by physical examination.

Dr. McDonald, of Hamilton, said that he had had cases, and *post mortems*, in which with very doubtful physical signs of chest affection, but with those of tubercular laryngitis very prominent, the lungs were found greatly diseased. Some of those who examined the patients pronounced against the existence of tubercle of the lungs, and yet they were found full of tubercles. No one could be certain of the absence of tubercle of the lungs till he had made a *post mortem* examination.

Dr. Bowlby, of Berlin, said that he had a case under his care at present, that he believed was exactly similar to the case reported by Dr. Palmer, but he did not know how we could satisfy gentlemen holding opinions such as those expressed by the last speaker except an ante-mortem examination could be held in each case.

Dr. Sloan regretted that the writer of the paper had not alluded to the means of diagnosis furnished by the thermometer. He believed that in every case during the deposition of tubercle, there was a continuous and persistent rise of temperature of one to two degrees. The great value of this appeared in doubtful cases, where the thermometer furnished almost absolute proof of the correctness

of the diagnosis arrived at by the physical signs brought before them.

Dr. Hamilton, Port Hope, said that the case reported was one of the rapid cases. Tubercular phthisis may run its course in three months or may last as long as four years. It could be best studied in the slow cases. He had just had a fatal case of three years duration, in which, with a consumptive family history, there were decided laryngeal symptoms six months before there was any cough at all. There was aphonia for a year, and for some weeks extreme difficulty in swallowing, owing to ulcerative destruction of the epiglottis. He was quite prepared to accede that the disease might be manifested primarily in the larynx, so far as symptoms could be gathered *ante-mortem*. Tuberculosis is a constitutional disease, however. If we find an ulcer of the larynx, we should suspect its tubercular character if we find marked cushiony swelling in the neighborhood of the arytenoid cartilages conjoined with a paleness of the laryngeal mucous membrane which could best be described as a dirty doughy white. Syphilitic ulcers, malignant ulcers, and catarrhal ulcers being rationally excluded and our suspicions aroused, the only early lung symptoms worth relying on were increased vocal resonance and increased vocal fremitus in the apices of the lungs. This was caused by consolidation which may not yet have caused bronchitis and necessary cough, and could not be as certainly known by percussion or other auscultatory signs. Twenty years ago we were taught that the vast majority of phthisical lung lesions began in the apex. This was true in neither the pneumonic or catarrhal variety, nor in fibrous phthisis; but it was true in the tubercular and almost invariably so in laryngeal phthisis. He had in consultation given a most unfavorable prognosis in a case without any but the most trifling cough, and which proved fatal—relying upon the signs indicated. Progressive and considerable emaciation was significant. Vocal resonance and fremitus were normally greater on the right side. If the increase were on the left side it was an especially significant symptom.

**THE AGE OF OBSTRUCTION.**—Prof. Huxley says he has long entertained the conviction that any man who has taken an active part in science should be strangled at sixty. In his experience ninety-nine men out of every hundred become simply obstructionists after that age.

## THE TREATMENT OF THE NIGHT SWEATS OF PHTHISIS BY COTO.

(Delivered before the Ontario Medical Association.)

BY J. STEWART, M.D., L.R.C.P. & S., ENG.,  
BRUCEFIELD, ONT.

Twelve months ago, while administering the fluid extract of Coto to control the diarrhoea in a case of phthisis, I found that it arrested the night sweats with which the patient was troubled. Since that time, I have given this drug in twenty-two cases of night sweating with decidedly beneficial results in all cases, except two. In sixteen cases, the arrest of the sweats was prompt and long continued. In four cases, the sweats although controlled, soon returned. In two cases only, was there no influence seen. I will only give as illustrative examples the details of two cases. The first case is one where, in all probability, the arrest of the sweats was the means of arresting the further progress of an incipient phthisis.

**CASE I.**—Mrs. P., aged 23, married, complains of cough, shortness of breath, profuse night sweats, weakness and emaciation for four weeks. Her family history is bad—her appetite is poor; tongue denuded of its epithelium. There is an appreciable impairment of resonance under the right clavicle. The expiratory murmur is prolonged, and the vocal resonance is increased in the same situation. She was ordered 10 grains of bismuth every four hours, and ten minims of fluid extract of coto every evening. After the second dose of the coto the sweats ceased. The appetite quickly returned, and she soon regained flesh and strength. Since (a year) she has remained in excellent health.

**CASE II.**—The following case of contraction and induration of the left lung is given in more detail, on account of the instructive character of the physical signs. Mrs. S., aged 25, married, youngest child aged 3 months, complains of cough, severe chills, high fever, night sweats and great weakness.

The first symptoms of her present trouble came on three years ago. During her pregnancy, the urgent symptoms abated, her appetite was good and she gained rapidly in flesh. Four weeks after delivery she commenced to be troubled with rigors, high fever and night sweats. Her appetite failed and she lost flesh as rapidly as she had previously gained it. When first seen, her pulse was 120,



temp. 104.2 (6 p.m.), resp. 35. There is marked flattening, with deficient expansion of the left side. The resonance over the whole of the left lung is markedly impaired. An inch and a half from the left border of the sternum in the second intercostal space, there is to be seen a systolic impulse and on laying the hand over the same area a shock is felt which is diastolic in character. The second sound in the pulmonary area is accentuated. She was given ten minims of coto every night. After the first dose, the sweats were less, and after the third they had entirely ceased, despite the fact that the temperature still went up every evening to between 103° and 104° Fah. At present this patient is free from fever and night sweats. There is physical evidence of a cavity (bronchiectatic?) over the supra-clavicular area. The two cases narrated are average examples of the way coto generally acts.

One of the cases where coto completely failed to be of any benefit, was one of rapid phthisis accompanied by great pharyngeal irritation. Atropine proved efficacious in this case, but it had to be continued for a lengthened period. Coto appears to possess the advantage over atropine of being more permanent in its effects. In the other case of failure, atropine, strychnine and oxide of zinc also failed to be of any benefit, and of being able to allay gastric catarrh which is generally present in these cases.

#### BILATERAL DIASTASIS AT THE SUPERIOR TIBIAL EPIPHYSIS.

*(Delivered before the Ontario Medical Association.)*

BY N. A. POWELL, M.D., EDGAR, ONTARIO.

E. B., born in Cobourg, Ont., in March, 1874. Nothing abnormal was noticed about her until she was several months old. Her mother then directed the attention of my friend the late William Wade, Esq., M.D., M.R.C.S., Eng., to a subdued crackling sound produced below each knee joint when the child kicked strongly, and also to an abnormal mobility and a deformity at these parts. Dr. Wade whose too early death has thrown upon me the duty of reporting this case, made an examination and recognised a condition of complete non-union between the shafts and upper epiphyses of the tibiae. By muscular action while lying upon the back, by an attempt to stand upon the feet, or by passive motion at the hands of the surgeon there

was produced a dislocation outwards of the upper end of each tibial shaft, and its corresponding fibula. The father of the child, a practical worker in plaster of Paris, assisted the Dr. to make two casts which I show you, and which represent very fairly the appearance of the limbs. Chloroform was administered while the moulds for these were being taken. The curved cast is from the right leg with the bones displaced, the straight one from the left leg with its dislocation reduced. To further illustrate this interesting state of the limbs, four photographs were taken, copies of which I show you. There was absolutely no history of injury, neither tenderness nor other sign of inflam-



mation was at any time present, and these facts, with the appearance of the distortion before the child was able to sustain her weight, led Dr. Wade to consider the want of union to have been congenital. The bilateral symmetry of the diastasis was in itself a strong argument against its being of traumatic origin. Besides, the mother was in this instance the sole nurse, and being a lady of close observation and good intelligence, no injury could have happened to the infant without her knowledge. A pair of Bavarian plaster shells were first applied; later, moulded gutta percha and other splints to keep the parts in apposition, but as each appliance produced ulceration by pressure, it was abandoned. As the child grew older and tried to walk, the unnatural mobility increased and displacement constantly recurred if the feet were not

kept widely apart. Instinctively the little girl adopted a queer waddling gait, and in this way could keep upright, and progress upon a level floor. This was the condition when I first saw the case in consultation with Dr. Wade in June, 1875. The expectation then was that false joints were inevitable and treatment had ceased. I advised, and at the request and with the assistance of the attending surgeon applied to both the lower limbs circular plaster dressings after the Bellevue Hospital plan for fractures of the femur. Each splint extended from the toes to the perineum. The art of walking with these on was soon attained, and I am disposed to think that the child got off with not more tumbles than usually fall to the lot of children whose legs are stiffened upon the articulate rather than the crustacean plan. Living at a distance from Cobourg I saw the patient but three times subsequently. On each occasion we removed and re-applied the dressings, each standing about three months wear. When they were finally left off, little if any preternatural mobility could be detected, but for some two years thereafter a slight clicking sound was occasionally heard. At the present time, as I am informed by a letter from the father of our patient, under date May 12th, 1881: "No unnatural sound has been heard for a long time. The child is well developed in every way, and can run and jump and play all day long." At certain parts of the skeleton instances of epiphysial separation, the result rather of strains or wrenches than of direct violence, are sufficiently common, and occur in childhood more frequently than in infancy. They have been recognized in the humerus, radius, femur and tibia. Dr. F. H. Hamilton in the latest edition of his great work on Fractures and Dislocations, quotes three examples at the lower end of the tibia, and one reported by Madam Lachapelle of separation of the upper epiphysis occasioned by pulling at the foot during birth. Dr. Gross has no knowledge of its ever having been produced by muscular action alone. In a somewhat limited acquaintance with the surgical literature of but a single language, I have failed to meet with the record of any case just parallel with the one above reported. Ambrose Pare gives a more complete account of the condition, than any modern writer whose work has followed me into the isolation of country practice. In the spring of 1875 Dr. Hamilton stated orally to me that he had never seen an

instance such as this. Later he has written me: "The case is of great interest, and I regret that I had not had its history in time for the sixth edition of my work on Fractures and Dislocations."

This report has been prepared for transmission to Dr. H. I present it here first in order to add to the interest of the inaugural meeting of the Ontario Medical Association. May it be the forerunner of much good surgical work to be done at this and future meetings of the association.

## Correspondence.

### HOUSEMAID'S KNEE.

To the Editor of the CANADA LANCET.

SIR,—A married lady aged 30, who had noticed a swelling over the patella for a few weeks, applied to me for advice, January 8th. She said her knee felt weak, and pained considerably after ordinary exercise about the house. There was no external soreness or redness, but the bursa was very much enlarged and tense. I prescribed a mixture of iodide of potassium, and an external application of Ung. Hyd. Nit. cum. Iod. This treatment was persevered in continuously until March 8th, with no benefit. I then inserted an aspirating needle and removed about an ounce of thick bloody serum—applied firmly over the patella strips of adhesive plaster, and bandaged the leg tightly. March 18th, fluid again collected in the bursa; had been gradually increasing for two or three days.

March 31st.—Bursa continued to enlarge—felt more painful and the motion of the knee was interfered with somewhat. Introduced the aspirating needle again and drew off half an ounce of thick bloody serum similar in appearance to that obtained at first. I then applied a rubber bandage tightly, and ordered the patient to keep the affected limb at perfect rest. After this no further indications of enlargement presented themselves and in a short time the patient resumed her accustomed duties fully restored.

I thought this case worthy of notice because the treatment by external applications frequently fails, while incision sometimes results in the formation of an abscess. Treatment with the aspirator and the judicious application of a rubber bandage combined with perfect rest for a few days, appears to be the simplest treatment, and the safest and least painful—*cite tuto et jucunde*.

Yours, &c.,

H. P. YEOMANS.

Mount Forest, June 16, 1881.



## Reports of Societies.

### ONTARIO MEDICAL ASSOCIATION.

The Inaugural meeting of this Association was held in Toronto on the 1st and 2nd ult. Dr. Covernton acted as provisional chairman, and stated its objects. He said it might be asked, why multiply associations when there are already in successful operation both county and Dominion organizations, but this, he said, had been answered by a committee of the Toronto Medical Society acting in conjunction with that of Hamilton. But comparatively few Ontario members could attend the meetings when convened at either Montreal, Quebec or Halifax, and the same disadvantages were felt by the Quebec and Gulf province members when a distant western point was settled on. The result, therefore, had been that practically the meetings had been more provincial than Dominion. The main design is the furthering of practical knowledge and skill, the requiring from all its members scientific aims and objects, and the repudiation of those who view the practice only in the light of a lucrative business. The various city and county medical associations have done much towards the furtherance of the purposes named, but their influence was but local and circumscribed, and they have contributed comparatively little towards uniting the profession in harmonious action. Such comprehensive working, would, he hoped, be obtained, through this provincial incorporation, and he trusted that the sister provinces would manifest equal zeal and judgment in promoting the advancement of professional knowledge by the inauguration of similar provincial societies, and that from these various associations there would be annually elected a large number of delegates to the Dominion Association. The Dominion society will thus partly include in its ranks the ablest and best men in the profession, and would in this manner be in communication with the whole fraternity. From the transactions of these various societies (which he hoped would be yearly bound up with the reports of the Dominion organization) a rich mine of scientific research, important facts, investigations, and reliable medical data, may be fairly expected, and through these channels the professional acquirements and latent literary powers of many members of the profession be

educated. It might be thought the plan laid out trenchanted upon the domain of the National Association. But he trusted that the two would be, not rival, but sister Associations. He announced that a constitution and by-laws had been drawn up by the joint committee of Hamilton and Toronto. This had been done to save time, and he trusted the result of the Committee's labours would be found acceptable to the meeting at large.

After a brief intermission the proposed constitution and by-laws was read, and after some discussion adopted with slight amendments. The fee for membership was placed at \$2.

A committee was then appointed to nominate the officers and standing committees of the Association, after which the meeting adjourned until 2 p.m.

In the afternoon session the nominating committee presented their report, and the following officers were unanimously elected :

*President*, Dr. Workman, Toronto ; *Vice-Presidents*, Drs. Irwin, Kingston ; Tye, Chatham ; Macdonald, Hamilton ; McMillan, Alexandria. *General Secretary*, Dr. White, Toronto. *Treasurer*, Dr. Graham, Toronto. *Corresponding Secretaries*, Drs. Stewart, Brucefield ; Woolverton, Hamilton ; Hamilton, Port Hope ; McDonell, Alexandria. *Committee on Credentials*, Drs. Pyne, Toronto ; McGregor, Chatsworth ; Beeman, Centreville. *Committee on Public Health*, Drs. Douglas, Port Elgin ; Playter, Toronto ; Allison, Bowmanville ; Oldright, Toronto. *Committee on Legislation*, Drs. Ecroyd, Mount Forest ; Spohn, Penetanguishene ; Sloan, Blyth ; G. Wright and Covernton, Toronto ; Mullin, Hamilton. *Committee on Publication*, Drs. Fulton, Cameron, Burns, White and Graham, Toronto. *Committee on By-Laws*, Drs. Bray, Chatham ; A. H. Wright, Toronto ; More, Tamworth ; Tanner, Holstein ; Cotton, Mount Forest ; Bowlby, Berlin. *Committee on Medical Ethics*, Drs. Ghent, Priceville ; C. O'Reilly, Toronto ; G. McKelcan, Hamilton ; Carney, Windsor ; C. K. Clarke, Hamilton.

It was also decided to hold the next annual meeting in Toronto on the 1st and 2nd of June, 1882.

Dr. Workman, on taking his place as President, said the choice may have fallen upon him, because he was once professor of midwifery, and it would be in keeping, that he should preside over the birth of the Association. He thanked the Association very heartily for the honour done him.

A vote of thanks was moved to Dr. Covernton, for his conduct in the chair during the organization of the Association, and duly acknowledged by that gentlemen.

Dr. Canniff, President of the Canada Medical Association ; Dr. Allison, of Bowmanville, Presi-

dent of the Medical Council; Dr. Covernton and Dr. Macdonald, Vice-President, were invited to seats on the platform.

Drs. Osler and Buller, of Montreal, were on motion, elected Members by Invitation of the Association.

Dr. Palmer, of Toronto, then read a paper on "Primary Tuberculosis of the Larynx," describing a case in which the patient had died of tuberculosis of the larynx without early signs of tubercle being discovered in the lungs by physical test. He suggested that this might prove that laryngeal tuberculosis was not necessarily accompanied by any pulmonary disease. An animated discussion followed, in which Drs. Graham, Allison, Macdonald, Bowlby, Hamilton, and Sloan took part.

Dr. Groves, of Fergus, read a paper on "Suprapubic Lithotomy," which was discussed by Dr. Canniff.

Dr. Oldright read a short paper on "Hip joint Disease with Osteophyte," illustrating it with specimens of the parts affected.

Dr. King next read a paper upon "Progressive Pernicious Anæmia," which was discussed by Dr. Osler of Montreal, and Dr. Graham.

Dr. Curry of Rockwood, read a paper on the "Science of Medicine and Common Sense," which was loudly applauded at its conclusion. He directed his argument against the homœopathic system, particularly the dictum "*similia similibus curantur*."

A letter was read from Dr. O'Reilly, Medical Superintendent of the Hospital, inviting members who could do so, to visit that institution. Invitations were read also to visit the Trinity and Toronto Medical Schools.

Taking advantage of such a large gathering of possible customers, several manufacturers of surgical instruments, surgical appliances, medical extracts, etc., arranged some extensive exhibits of their respective manufactures. The chief exhibitors were Messrs. Stevens and Son, 274 Yonge Street, Mr. E. B. Shuttleworth, Mr. Authors, Mr. Cluthe and Messrs. Elliott and Co., Toronto.

On assembling at eight o'clock, the discussion on Dr. Oldright's paper was resumed by Dr. Cameron followed by Dr. Canniff.

A paper was then read by Dr. Rosebrugh, of Hamilton, on "Forward Displacement and Descent of Uterus, with a description of a new Anteversion Pessary," which was discussed by Dr. Ross and Dr. Tye.

Dr. Coburn of Oshawa, followed, describing a peculiar "Case of Aneurism."

Dr. Graham, of Toronto, then read a paper on the "Therapeutic Uses of *Sapo viridis*," which was discussed by Drs. McGregor, Ghent, Ross, Macdonald, Harrison, Riddell and Hamilton.

Dr. Woolverton read a paper on a "Case of Partial Constriction of the Bowels," which was discussed by Drs. Graham and Cameron.

The Association then adjourned.

## SECOND DAY'S PROCEEDINGS.

The President took the chair at ten o'clock. The minutes were read and confirmed. The President then announced the following committees nominated by him.

*Surgery, Anatomy and Pathology.*—Drs. Malloch, Grasett, Groves, Stewart, Bridgland, Powell and Winskel.

*Medicine, Materia Medica, and Physiology.*—Drs. Fulton, Sheard, Cameron, Campbell, Herod, Worthington, and Tucker.

*Obstetrics, Gynecology and Jurisprudence.*—Drs. Temple, Tye, Brock, Bowby, U. Ogden, Keating, and Carrall.

*Ophthalmology and Otology.*—Drs. Rosebrugh, Palmer, Ryerson, Walker, Kittson, and Bonnar.

*Necrology.*—Drs. Riddell, Curry, Bascom, Ghent, Knight, and Osborne.

*Audit Committee.*—Drs. Lett, Barrick, G. Wright, Harrison, Gillies, and Webb.

*Papers and Business.*—Drs. McCullough, Mullin, Sloan, Carney, McGill, Harris, Worthington, and Day.

*Arrangements.*—Drs. Fulton, Buchan, J. Ross, sr., and A. A. McDonald.

Dr. Canniff then read a very interesting paper on a "Case of Obscure Brain Disease," giving its history, and presented the patient for examination before the Association. Drs. Workman, Oldright, Cameron, Teskey and Temple, discussed the case.

Dr. Harrison, of Selkirk, then presented a case of "Hypertrophy of the Leg," of which he gave a full history, which for want of a better name he called "Elephantiasis." An interesting discussion followed, some regarding it as a species of elephantiasis, and others as simple hypertrophy in the absence of the usual clinical features of elephantiasis. Dr. Rosebrugh, of Toronto, read a paper on "Abscess of the Mastoid Cells from the Use of the Nasal Douche," and presented the patient before the Association, in which the mastoid portion of the temporal bone had been trephined for the cure of this affection.

The meeting adjourned until 3 p.m.

On resuming, Dr. Campbell of Seaforth, moved, seconded by Dr. Worthington, the following resolution. Resolved: "That in view of the very widespread ignorance amongst the masses of the people of the simple laws of health, and of the sickness which frequently arises from this ignorance, this Association is unanimously of opinion that if the subject of hygiene with some of the essential elements of physiology were substituted in the public schools for one or more of the much less essential subjects now commonly taught, and were made compulsory and taught to all pupils in the Public Schools throughout this Province so soon as they arrive at an age at which they could compre-



hend the same, it would tend in no small degree to prevent sickness, and to promote the well-being of the people of this Province, and that the following be a Special Committee to urge upon the Minister of Education the desirability of an early change being made in the schools on this behalf, viz. Drs. G. Wright, Fulton, Canniff and the mover and seconder."

He urged the importance of this matter, in an able and eloquent address claiming that members of the medical profession, though they made their living by curing disease, had no wish to see it spread, but on the contrary were to be found in every way advocating those reforms which would improve the physical condition of the people. He was followed by others who favoured some action being taken; after which it was referred to the Committee on Public Health to report at next meeting,

The following resolution, moved by Dr. Sloan, and seconded by Dr. Macdonald, was after some discussion, referred to the Committee on Business:—"That when the meeting of the Dominion Medical Association is held in a convenient locality in Ontario our meeting be united with, and merged into their's, on condition that our President be elected President of the Dominion Association for that year."

Dr. Powell, of Edgar, then read an interesting paper on "Congenital Separation of the Ephys of the upper extremity of both Tibiæ," exhibiting photographs and plaster casts.

Dr. Yeomans then read a paper upon the "Treatment of Empyema." He was followed by Dr. Oldwright, who exhibited two patients who had been treated for the same disease by intermittent drainage. He was followed by Drs. Powell, Fulton, Malloch, Bowlby, Ross and others, with criticisms and suggestions.

Dr. Oldright then read a paper upon the "Disposal of Sewer Gases," illustrating with specimens of traps and pipes.

On the report of the Committee on Nominations, the following officers were elected for the next meeting of the Association:—*President*, Dr. Covernton, Toronto; *Vice-Presidents*, Dr. Mullin, Hamilton; Yeomans, Mount Forest; Irwin, Kingston; *Secretary*, Dr. White; *Treasurer*, Dr. Graham, Toronto; Committees the same as during the present session.

A resolution was carried, expressing the thanks of the Association to Dr. O'Reilly for his invitation to visit the hospital, and highly commending the condition in which the institution is kept.

Dr. George Wright then presented the report of the audit committee. It stated that the accounts had been examined and were correct, and recommended that the secretary Dr. White be recouped

for the preliminary expenses incurred by him in connection with the Association. The report was adopted.

The following gentlemen were then appointed delegates to attend the meetings of the British Medical Association and the International Medical Congress, viz. :—Drs. J. W. Rosebrugh, Hamilton; R. A. Reeve and W. B. Geikie, Toronto.

The meeting then adjourned until 8 o'clock.

After calling the meeting to order, a resolution was moved by Dr. Macdonald, and seconded by Dr. Oldright, to the effect that in view of the action taken by the medical members of the Ontario Legislature at the last session for the purpose of collecting statistics and disseminating information on sanitary matters amongst the inhabitants of this province, and believing that it would be a valuable means of promoting so important an object, therefore be it resolved, "That this Association cordially and unanimously endorses the action taken by the medical members of the Legislature, and trusts that they will urge as strongly as possible upon the Government during the recess and at the next meeting of the House the desirability of early legislation which shall make provision for the formation of a Provincial or Central Board of Health, similar to those now long in operation in a number of the neighbouring States and in many countries of Europe. Carried.

It was moved by Dr. Winstanley, seconded by Dr. Temple, and carried unanimously, that the sum of \$75 be granted the secretary as an annual honorarium.

Dr. McKelcan, of Hamilton, then read a paper on the "Treatment of Asthma by Chloral Hydrate," referring to a number of peculiar and difficult cases that had come under his notice.

In the discussion which followed, Drs. Wright, Ghent, Bowlby, Macdonald, Riddell, Covernton, Sloan, Madill, Powell, McGregor and Geikie gave their opinions and experiences regarding the utility and also danger attendant upon a too free use of chloral, the view that seemed to obtain most, was that small doses of the drug were of excellent assistance in the treatment of cases generally, but that it required the exercise of the greatest caution in administering it.

Dr. Geikie gave notice that the by-law dealing with the reading of papers be made to provide, that no member of the Association shall at any one meeting, read more than a single paper, or bring forward more than one subject for discussion.

It was announced that 132 members had registered their names during the meeting.

Votes of thanks were then tendered to the retiring president, the various railroad companies, etc., and the meeting adjourned to meet in Toronto on June 1st, 1882.

## ANNUAL MEETING OF THE SUPERINTENDENTS OF INSANE ASYLUMS.

The annual meeting of the Association of Medical Superintendents of Insane Asylums for the United States and Canada was held in Toronto, commencing on the 14th ult. About thirty gentlemen from all parts of the United States and Canada were in attendance. Dr. Callender, the Vice-President of the Association, occupied the chair. Members of the medical profession in Toronto, and all physicians connected with asylums present in the city, were invited to attend the meetings of the Association.

Mr. J. W. Langmuir, Ontario Government Inspector of Prisons and Asylums, and Drs. Covernton, Grant, Canniff, Fulton and Graham were invited to take seats with the Association.

Drs. J. P. Gray and John B. Chapin, of New York State, and C. H. Hughes, of Missouri, were appointed delegates to the International Medical Congress which meets in London during the month of August, and to the British Medical Psychological Association.

Memorial papers were read of several members who had died since the last meeting.

Dr. O. Evarts, of Cincinnati, read a paper on "The American System of Public Provision for the Insane, and Despotism in Lunatic Asylums." He briefly sketched the rise and progress of the lunatic asylums in the States, and answered various accusations against the management of asylums which had been formulated by certain writers.

Dr. Workman, of Toronto, also read a very interesting paper on "Asylum Management," which was well received by the Association. A discussion followed the reading of these papers in which a number of the members participated.

On the forenoon of the second day the discussion of the two papers above mentioned was continued, and in the afternoon the Association visited the Central Prison, Mercer Reformatory, and Lunatic Asylum. A substantial lunch was prepared for the members and their friends at the Asylum, by the liberality of Dr. Clarke, after which they returned to the city. In the evening the members were entertained at a banquet at the Rossin House, given by the Ontario Government. The company numbered about 100. Hon.

Adam Crooks, Minister of Education, presided as chairman, and beside him were seated His Honour the Lieut.-Governor, Dr. Callender, President of the Association; Hon. Mr. Howells, American Consul; Mr. Justice Cameron, Hon. E. Blake, Hon. Mr. Pardee, Sheriff Jarvis, Prof. Wilson, and others. Vice-chairs were filled by J. W. Langmuir, Inspector of Asylums for Ontario; Dr. Bucke, Superintendent of the London Asylum; and Dr. Clarke, of the Toronto Asylum. The dining hall was tastefully decorated with the Stars and Stripes and the Union Jack arranged side by side. After justice had been done to the excellent *menu* the cloth was removed, and the usual list of toasts was proceeded with. They included the "Queen;" "President of the United States," to which Mr. Howells responded; The Governor-General of Canada, and the Lieut.-Governor of Ontario, responded to by Lieut.-Governor Robinson; The Parliament of Canada, and the Legislature of Ontario, responded to by Hon. Edward Blake, and Hon. Mr. Pardee. "Our Guests," responded to by Dr. Callender, President of the Association, Drs. Curwen and Evarts, of Ohio, and Dr. Bucke. "The Bench and the Bar of Ontario," was replied to by Mr. Justice Cameron and Jas. Beaty, Q.C., M.P. "Our Educational Institutions," was responded to by Prof. Wilson, and Dr. McDonald, of New York. The Press and the Ladies were duly honoured.

On Thursday the Association met at 2 p.m. Dr. E. Lockhart Robinson, of London, Dr. A. Motel, of Paris, Dr. Clouston, of Edinburgh, and Dr. Tamburini, of Italy, were elected honorary members of the Association.

Dr. Hughes, of St. Louis, then read an interesting paper on "The Value of Cerebro-spinal electrization in certain Diseased Conditions of the Brain and Spinal Cord."

Dr. Hurd, of Michigan, next read a paper entitled "A Plea for Systematic, Therapeutic, Clinical and Statistical Study."

Dr. Barksdale, of Virginia, narrated the case of a negro, a very dangerous lunatic, who had twice committed murder, and was confined in his asylum. After his death a *post mortem* examination was held, when it was found that the brain weighed 70 ounces. The head measured 29  $\frac{1}{4}$  inches in length, 26  $\frac{3}{4}$  inches around the jaw, and 25  $\frac{1}{4}$  inches around the brain.

The Convention attended a garden party at Government House from four to six. The Queen's Own band was in attendance. In the evening



they were entertained by the Canadian Superintendents by a moonlight excursion on the lake per steamer *Chicora*.

Friday morning the Association assembled at 10 o'clock.

Dr. Gundry, of Maryland, read an excellent paper on "Systematic Classification of the Insane in Asylums," which was exhaustively discussed. Dr. Houd also read a paper bearing on the subject of "Cerebral Localization and the Vicarious Properties of the Brain," citing an interesting case. In the instance cited, the subject, before death, was in good physical health, having the senses of hearing, smell, etc., perfect. Upon examination after death it was discovered that the side of the brain stated by Ferrier to govern these unilateral senses was much diseased.

In the afternoon the members were entertained by the New England Society by an excursion on the *Empress of India* to Lorne Park. Mr. Thurston, President of the Society, tendered them a hearty welcome, to which Dr. Callender made a suitable reply.

In the evening a most agreeable entertainment took place at the Education Department, the use of which was granted by the Minister of Education. This was a reception and conversazione, to which the members of the Association were invited by the medical practitioners of Toronto. The gathering was a large and brilliant one; the museum, rooms, corridors, theatre, etc., were thronged with the assembled guests—upwards of 400 people being present. The band of the Queen's Own Rifles furnished an excellent selection of music. The chair was taken by Dr. Covernton, who, on behalf of the members of the medical profession in Toronto, welcomed the Association of Medical Superintendents of Asylums to the city. Dr. Canniff then read an address, to which Dr. Callender replied in suitable terms, acknowledging again the warmth of the reception which had been tendered to them in Toronto. The Chairman then called on Dr. May, Superintendent of the museum, who cordially invited all to inspect the various parts of the building. The remainder of the evening was spent in disposing of an excellent array of refreshments, and in the various ways which suggested themselves to those present.

The proceedings of the Convention were brought to a close by a meeting at the Rossin House subsequently.

The Committee on resolutions reported, offering thanks to Inspector Langmuir, Dr. Daniel Clarke, Dr. Joseph Workman, Prof. Wilson, Lieut.-Governor Robinson, the medical profession in Toronto, and many others for courtesies to the Convention and to its members while in the city.

Cincinnati was selected as the next place of meeting, on the 23rd of May, 1882.

## COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

### MINUTES AND PROCEEDINGS.

#### FIRST DAY.

The annual session of the Council of the College of Physicians and Surgeons of Ontario was held on the 14th ult. and following days. All the members were present except Dr. Wright, the representative of Albert University. The minutes of the last session were read and confirmed, after which Dr. Bergin was elected President and Dr. Bray Vice-President.

The Committee on Credentials reported that Drs. Day, Wright, Cranston, and Buchan had been duly elected and were entitled to take their seats.

Dr. McCargow presented the petition of Mr. E. C. Book, signed by 25 medical men, asking to be registered, or to have the privilege of going up again for examination without paying fees a second time. Referred to the Registration Committee.

Dr. Grant, Ottawa, spoke of the changes in the Council since their last meeting. He referred in high terms of encomium to the career and reputation of the late Dr. Mostyn, and he moved that it was with feelings of the deepest regret that that Council learned of the accidental death of Dr. Mostyn, and that they express their sense of the loss they thereby sustained.

Drs. Lavell, McCammon, Day, McDonald and Bergin also referred to the loss sustained in feeling terms. The motion was carried by a standing vote, and the resolution ordered to be engrossed and sent to Miss Mostyn.

The Committee appointed to strike the Standing Committees reported as follows:—

REGISTRATION COMMITTEE—Drs. Geikie (chairman), Lavell, Spragge, Buchan, H. H. Wright, Husband, Edwards.

RULES AND REGULATIONS—Drs. Brouse (chairman), H. H. Wright, Logan, Grant, Spragge.

FINANCE—Drs. Allison (chairman), McCargow, Burns, Henderson, Douglas Edwards, Cranston.

PRINTING—Drs. McCammon (chairman), Burritt, Morden, Vernon.

EDUCATION — Drs. Lavell (chairman), Grant, Geikie, McCammon, Bray, Wright, Macdonald, Burritt, Logan, Morden, Edwards, Cranston, Brouse, Williams, Burns.

On motion the report was adopted.

Dr. Wright read the report of the Special Committee appointed at last meeting to consider the rules and regulations of the Council. Referred to the Committee on Rules and Regulations.

The Council then adjourned at 6 p. m.

The Council resumed at 8 o'clock.

Dr. Bray presented a petition from a number of medical students regarding the manner in which the recent examinations were conducted, and moved that it be considered in committee of the whole to-morrow morning.—Carried.

A large number of petitions, principally with reference to the recent examinations were received and referred to Committees.

The Registrar was instructed to furnish an account of all fees paid in, since last session.

The report of the Executive Committee was read. During the reading of this report a number of delegates attending the Association of Medical Superintendents of the United States and Canada, entered, and were warmly welcomed by the President on behalf of the Council, and invited to seats on the platform.

The report of the Executive was received, and referred to a Committee of the Whole.

The Council adjourned at ten o'clock.

#### SECOND DAY.

The Council resumed at 10 o'clock a.m. After routine Dr. Allison moved that the Education Committee be instructed to embody in their report a statement of the aggregate number of marks obtained by the unsuccessful candidates at the late examinations. Carried.

Dr. H. H. Wright, said that as Mr. Wm. Smith had failed to discharge his duties as prosecutor for that body, he would move that a special committee be appointed to investigate the matter. Carried.

The annual report of the Board of Examiners on the examinations held at Toronto and Kingston in 1881 was read by the Registrar. It stated that owing to the difficulty of making the marks while handling a body in examination on anatomy, it was necessary to just say at the close of each examination, "Passed" or "Rejected," as the case might be.

After setting forth the leniency of the Board the report continued:—"Final candidate No. 8, although high in the other branches, only made 32 in surgical anatomy. As it appeared anomalous, the Chairman produced the paper and read it to the Board, asking if they considered it of more value than 32. The Board decided that each examiner must be the best judge, and that it must be left to him, therefore it was marked and rejected.

"As various remarks were current of the abandonment of the oral system of examination in favour of written, the Board discussed the matter, and on motion of Dr. Stevenson it was resolved unanimously, 'That this Board express their full confidence in the oral system, and strongly recommend the Council to continue it, and extend its action to any other subjects possible.' It was

stated that the suggestion of Dr. Stevenson for the filling in of the name of each candidate opposite his number was opposed by all and rejected."

The report was received and referred to the Committee of the Whole.

The Council then went into Committee of the Whole to consider the petition of the medical students anent the conduct of the recent examinations, Dr. Allison in the chair.

The petition set forth the alleged unsatisfactory manner in which the oral examinations in anatomy were conducted, the petitioners claiming that a second question was abruptly asked before sufficient time had elapsed for answering the first. It stated that during the examinations Dr. Sullivan used profane language; that he asked students from which school they came; also that the kind of questions put, were only to be found in special books. That the teacher of surgical anatomy acted as examiner in that branch. The petitioners also stated that the candidates from Kingston School of Medicine used different coloured paper, whereby the examiner could distinguish between the different schools. They also complained that a change had been made regarding the required passing standard, and that the papers in Medicine and Medical Pathology were much harder than usual. In conclusion they prayed for such measure of relief as might seem fit. The petition was signed by thirty-two students.

In the absence of Dr. Bray, Dr. Brouse introduced the petition. They should understand he said, whether the allegations against one of the most efficient examiners the Council had ever had, were, or were not true. It was no doubt peculiar that so many should have failed in one particular department. It might be that their schools had failed to educate the students in that particular branch. He asked that the teachers of the schools should show that they had discharged their duties. It was also requisite that the examiner in question should show that he had discharged his duty.

Dr. Macdonald spoke of the very wide spread dissatisfaction existing among the students. The assertion of certain facts he thought might have to be sustained by cross-examination or something of that kind before they could be accepted. Though Dr. Sullivan may have expressed those hasty feelings peculiar to his race, it was not fair to judge him by a single impatient expression when a student failed to answer an ordinary question he would naturally be supposed to know.

Dr. Williams thought the Board of Examiners had blundered in their method of examination. The law said that the examinations should be held at either Kingston or Toronto, not at both places. The difference in the paper used at the different places, had, it appeared, given ground for complaint. Dr. Sullivan was announced as a teacher of surgical anatomy in the Kingston College, which



was in direct contravention of their rules and practice. Was it any wonder that a violation of their own rules should excite the students who were expecting or hoping that this would be their final year? It was also provided in their by-laws that anyone obtaining marks to the extent of 60 per cent. should be entitled to pass, and he thought that as a matter of law any who obtained 60 per cent. in the aggregate, had a right to demand their certificates from the Council.

Dr. Burritt said with reference to Dr. Sullivan lecturing on the subject that he was examiner in, he thought that was a substantial objection. He hoped that there was nothing in the charges. It was stated that no student in surgical anatomy from Kingston was rejected. Possibly Dr. Sullivan's students were posed thoroughly on that subject, and that might be the cause of the success of Kingston students. These were things, however, calculated to give rise to suspicion. The rule stating that the percentage of marks necessary to be obtained at the professional examination shall be 60 per cent. implies 60 in the aggregate of subjects, therefore all candidates having obtained that percentage or upwards at the late final examination should be registered.

Dr. Bergin said that it was not in the interests of the students, nor in the interest of those who prompted the students to make these charges, nor was it in the public interest. They were asked to treat their examiner in anatomy with an indignity to which they would not subject the smallest official of the Council. It was suggested that they should bring him face to face with students who sought to cover up their ignorance in this manner. The charge of using profane language was one which should not emanate from medical students. From the exhibition of gross ignorance displayed by these young men it was evident that Dr. Sullivan had indulged in a little practical examination in anatomy. Dr. Burritt told them that the aggregate percentage of marks necessary to pass was 60 per cent. There was, however no such intention. It had been insinuated that Dr. Sullivan was such a contemptible trickster as to direct his attention particularly to the colour of the paper used by the students. Dr. Sullivan told him that the first intimation he had had that there was any difference in the colour of the paper was after he had left Toronto. A special committee to deal with the matter would have been the proper course for the Council to have taken, and thus save a great scandal.

Dr. Burns agreed as to the advisability of appointing a special Committee.

Dr. Bergin moved that the Committee should rise and report progress. The Council then adjourned.

The Council resumed at 2 o'clock.

Dr. Ross petitioned for relief in the costs he had

incurred in getting a decision of the Courts regarding the right of English medical men to practice in Ontario without registration. Referred to finance Committee.

The Council went into Committee, and resumed the debate upon the students' petition.

Dr. Geikie said that he would like to eliminate all personalities out of the discussion. He read from the rules:—"No teacher in any School of Medicine in Ontario can hold the position of Examiner on the subjects upon which he lectures, or upon which he may have lectured within one year prior to the date of the examinations." This was, he thought, a wise regulation, and it was in the case of Dr. Sullivan, contravened. He did not for a moment challenge the fairness of the examiner, notwithstanding that in consequence of the contravention of the regulation just read, a portion of the class he examined had been taught by him. The other students received the impression no doubt, that the Kingston men had listened to the oral teaching of Dr. Sullivan, and were accustomed to his style, thereby obtaining a great advantage.

Dr. Grant said that the Council had always aimed at a complete education in practical anatomy with a view of doing away with mere book learning. This view they had tried for a long time to enforce, and they consequently saw the high standing of Canadian physicians abroad. It was high time that those applying for the credentials of the Council, if they were not thoroughly qualified, should be sent back to learn their business.

Dr. Lavell, said that out of eighty-three candidates thirty-eight passed, five of whom had been rejected in former years. Of the thirty-eight who passed, only four gained 60 per cent. in each subject. Six who passed were below 60 in anatomy only. The standard of Dr. Sullivan was 40 per cent. He rejected twelve in surgical anatomy, accepting all who came up to thirty-eight. But did Dr. Sullivan reject them or was not the whole Board to bear the onus of the decisions? How was it that twelve gentlemen were rejected on subjects in which anatomy was not a factor at all? Nineteen were rejected on subjects along with surgical anatomy. So that thirty-four of the forty-five rejected candidates would have been rejected quite independent of Dr. Sullivan. This indicated that a dead set had been made upon one member of the Board. Regarding Dr. Sullivan's teaching in the Royal College of Physicians and Surgeons he could say authoritatively that Dr. Sullivan had not delivered a lecture on any kind of anatomy for years in that college. The statement of his still being retained as a lecturer was a mistake.

Dr. McCammon said that Dr. Sullivan had stated to him that he had given ample time to students to answer his questions, and also that he had not asked any student what school he came from

except when the student had passed, and then for the purpose of congratulating him upon his success. He believed that Dr. Sullivan's brother examiners should have come forward when they found their colleague's character impugned, and taken their full share of the responsibility. It was the duty of the Council to sustain their examiners, and adopt such a course as to stop the annual complainings and dissatisfaction.

Dr. Macdonald suggested that the students should be allowed to withdraw their petition.

Considerable discussion arose on this point.

Dr. McCargow moved to reject the petition, but the motion was strongly opposed by Dr. H. H. Wright, who wished it understood that the students had certain rights, and the motion was not pressed.

Dr. Bray moved to refer the petition to a special committee. Carried. The Committee rose, and the Council adjourned.

At eight o'clock the Council met again, when the following petition was read :

"The undersigned most respectfully beg, on behalf of the rejected students, permission to withdraw their petition relating to the late examinations, requesting you to take into consideration their position and deal with them as in your wisdom seems proper, and your petitioners, as in duty bound, will ever pray. (Signed,) A. H. Ferguson, W. F. Peters, W. A. D. Montgomery, J. F. Howitt, W. H. Aikins." The petition was received, and the Council adjourned to allow the Committee to meet.

### THIRD DAY.

The Council met at ten o'clock.

Dr. Allison's motion providing that no examiner should hold the position successively for a longer period than two years was discussed. His object he explained, was to let the office of examiner go round. Referred to the Education Committee.

Dr. Day moved for the appointment of a Special Committee to apply to the Legislature at its next session for an Act to amend the Medical Act in the following particulars :—(1.) To increase the territorial representation. (2.) To define more clearly the qualification of voters as to residence at the time of holding the elections. (3.) To reduce the term for which the Council should be elected. (4.) To have all disputed matters referred to the senior county judge. (5.) To define more clearly the duties of returning officers and the mode of holding elections. In making the motion the mover pointed out that the Act was wanting in these particulars. In his opinion the amendments referred to were greatly needed. Consideration of the motion was by consent deferred till the afternoon.

Dr. Burns introduced a by-law for fixing the assessment fee for the ensuing year at \$2, which was read a first time.

Dr. Wright moved, that as a matter of courtesy, the Council furnish Dr. George Reid, now in the United States, with a certificate of his standing in the College. Carried.

The President drew the attention of the Council to an instrument of Dr. Grant's, which he had had an opportunity of examining, and which he thought would prove of very great value in case of acute poisoning.

Dr. Grant was requested to exhibit the *modus operandi*, which he did. The instrument was seen to be an ordinary rubber syringe. The tube is inserted through the mouth into the stomach, and the water pumped down, when the instrument is quickly detached and the stomach is compelled by titillation to empty itself through the tube left in the mouth. A brass ferule is employed to keep the teeth from compressing the tube. This process is repeated until the stomach is thoroughly washed out. Dr. Grant said he had been engaged with a poisoned child when his cumbrous English pump got out of order, and the device just explained had occurred to him.

The report of the matriculation examiners was presented by Dr. Lavell and referred to a Committee.

Dr. Macdonald brought in the report of the Committee to which was referred the students' petition. It recommended that the request of the students to be allowed to withdraw their petition be granted. On motion the report was adopted. Dr. Macdonald gave notice of a motion affording relief to the students.

The petition of the students, it was understood, was withdrawn on the understanding that some measure of relief would be conceded by the Council.

The Council adjourned till 2 o'clock.

The following is the report of the Treasurer, Dr. Aikins :—

### RECEIPTS.

Balance brought forward.....	\$345 53
Registrar's Office—	
Assessment dues.....	\$1,464 41
Registration fees.....	456 00
Fines.....	249 25 2,169 66
Matriculation examination fees.....	2,020 00
Professional examination fees.....	3,040 00
Bank interest on current account.....	3 18
Mortgage on College building.....	6,000 00
Asylum loan.....	1,000 00

\$14,578 37



## EXPENDITURE.

Payment of members, July, 1880, meeting .....	\$1,355	27
Accounts ordered to be paid at said meeting .....	3,044	14
Officers' salaries .....	1,000	00
Expenses of Registrar's office .....	270	15
Executive Committee during year .....	444	45
Council Prosecutor (Smith) .....	600	00
Paying off old mortgage on building .....	2,807	97
Paying off special loan .....	1,000	00
Interest on loans .....	228	76
Matriculation examiner's fee and expenses .....	524	50
Professional examiner's fees and expenses .....	1,120	00
Miscellaneous .....	171	79
Balance in bank .....	2,011	14
Total .....	\$14,578	37

Looking at their necessities the report stated that it would soon be compulsory to increase the financial resources of the institution. To meet the difficulty an increase of the annual assessment fee was suggested, and also that one-half of the increase be devoted to the establishment of an examination museum.

The Council met at 2.30 and adjourned to allow the committees time to complete their work.

## FOURTH DAY.

The Council resumed at four o'clock, the President in the chair.

Dr. Edwards presented the report of the Finance Committee, which was adopted, in which the liabilities were stated to be at the present date \$7,713 66; assets, \$21,676 14; balance in favour of Council, \$13,962 48.

Dr. Brouse presented the report of the Committee on rules and regulations, which was adopted in Committee.

Dr. Aikins was re-appointed Treasurer; Dr. Pyne, Registrar; and Dalton McCarthy, Q.C., Solicitor.

Dr. McCammon moved that Drs. Bergin, Bray and Vernon be the Executive Committee for the year. Carried.

Dr. Lavell presented the report of the Education Committee, wherein the regulations governing examinations, text books, etc. were revised and amended. All regulations regarding the matriculation examination up to clause five were struck out without debate, and clause five, which provides that the candidate must have passed the High School Intermediate examination, with Latin included, was adopted and declared to be the requirements of the Council. Clauses eight and nine

were also struck out. In the medical curriculum some text books were struck out and others added. All matriculation fees were struck out and a fee of \$20 established for registration of matriculation.

The following Board of Examiners was appointed for 1882:

Dr. M. Sullivan, Kingston—Anatomy, Descriptive; Dr. F. R. Eccles, London—Medicine, Medical Pathology, and Sanitary Science. Dr. Fulton, Toronto—Midwifery, Operative, and other than Operative, and Diseases of Women and Children; Dr. G. A. Tye, Thamesville—Physiology and Histology; Dr. W. P. Buckley, Prescott—Surgery, Operative, and other than Operative, and Surgical Anatomy; Dr. M. Barrett, Toronto—Chemistry, Theoretical and Practical, and Toxicology; Dr. Dickson, Pembroke—Materia Medica and Therapeutics, and Botany; Dr. Nichol, Brantford—Medical Jurisprudence; Dr. Gilbert, Stratford—Homoeopathic Examiner.

Dr. H. H. Wright moved, seconded by Dr. McCammon, "That the registrar, as part of his duties, shall examine all credentials of candidates presenting themselves for examination and accept or reject the same as they comply, or do not comply, with the by-laws, rules, and regulations of this Council; also to prepare a programme, and have it sanctioned by the president." Carried.

The Committee presented their report recommending the acceptance of Mr. Smith's resignation as prosecutor for the Council, to take effect on the 14th inst., and that each territorial representative make arrangements for prosecutions in his district subject to certain conditions named. The report was adopted.

The Council adjourned till 7.30.

The Council resumed at 8 o'clock.

Dr. Macdonald moved, seconded by Dr. Burns, "That all those students in the late professional examinations who have made 50 per cent. average on the aggregate, and not less than 40 per cent. as a minimum on any two subjects, and not less than 30 per cent. on any one subject, be granted the license of this College."

On this motion a discussion arose. Dr. Bray was opposed to it as was Dr. McCammon. Dr. Wright moved in amendment, seconded by Dr. Bray, that a special oral examination be given the rejected students in July of this year. Dr. Morden expressed himself as opposed to both motions. Drs. Burritt, Edwards and Williams were in favour of relieving the students in some way, while Dr. Bergin made a speech against it. Dr. Williams spoke strongly in favour of the students. On a vote being taken, ten voted for the amendment of Dr. Wright, and ten against it. The President's casting vote being nay, the amendment was declared lost. The main motion was also lost on a vote of nine to eleven. Dr. McCargow said that he had misunderstood the question and

voted wrong. Several members voted for, both motions. The yeas and nays were called for, but it was ruled as too late. Two letters were subsequently read from some of the students claiming the right to have their papers examined by a competent committee, and stating that their petition had been on their own responsibility.

On the motion to adopt the report of the Executive Committee the question as to the legality of the Committee declaring the matriculant candidates as passed after they had been "plucked" by the Examiners, arose. Dr. Lavell strongly opposed the action of the Executive. On motion the report was adopted without amendment.

Dr. Geikie brought in the report of the Registration Committee. It was recommended that Dr. J. B. Hall, who petitioned for registration, should be examined by the homœopathists in the Council as to his qualification.

The petitions of the following were considered in Committee, and the following decisions reached: Dr. O'Keefe, for protection. Refused. Dr. E. C. Book, for registration. Refused. Dr. Ferguson for protection. Refused. Dr. Ross, to be recouped for law costs. Refused. Dr. McNaughton, for protection. Refused. Dr. Turrell, for protection. Refused. Of Dr. Tefft, for registration. Refused.

In Council Dr. Wright moved that Dr. J. B. Hall be admitted to registration by passing the usual examinations in the usual way. Lost.

The by-law to apply to the Legislature for certain amendments to the Medical Act was introduced and passed with amendments.

Dr. Wright opposed any application at present to the Legislature as inopportune and dangerous. He refused to serve on the Committee appointed to make the application.

The question of doing away with the representation from colleges not entitled to it was discussed at length. A test case to bring the matter before the Superior Court Judges was suggested, and the President was requested to get the opinion of the solicitor on the point.

Dr. Burns introduced a by-law to fix the salary of the Registrar at \$1,000 which was duly passed.

A resolution was unanimously carried, appropriating the sum of \$100 as a testimonial to the late registrar, Dr. Pyne, sr., as a mark of the Council's appreciation of his long and faithful services, and a committee was appointed to present the said testimonial.

Dr. Wright gave notice that he would next session move that the terms of the sessions of the medical schools be in future eight months.

After the transaction of some further routine business, the Council adjourned *sine die*.

## Selected Articles.

### ON THE TREATMENT OF ECZEMA.

The *Concours Médicale* publishes an article on the above subject, from which we make the following extract (*Med and Surg. Reporter*):

The great *desideratum* in the therapeutics of eczema would be to have some specific remedy that would reach the very cause of the disease. The discovery of this specific has often been announced, but the hopes of both physicians and patients have always been deceived, and to this day nothing of the kind is known.

Among the many remedies which have been suggested, we shall indicate a few of those that have remained in some degree of favor.

1st. In the first rank we find the vegetable depuratives—bitters. In that long list of drugs there were two held in great esteem, but deservedly forgotten now: elm bark and Asiatic penny-wort.

2d. The second place is occupied by purgative medication. It is one of the oldest forms of treatment in use, and still has a few partisans. Let us note this difference: in purging their patients, old time doctors intended expelling the *peccant humor*; now, a purgative is only considered as a revulsive agent. A purgative is given once a week, or a laxative is taken every other day, but unless called for by special indications, this method should not be resorted to, as it has no effects, either on the manifestations or the duration of the disease.

3rd. The diuretic method is open to the same, and even more severe criticism.

4th. Sulphur deserves special mention, because great allowances are to be made in taking the opinion expressed by Alibert, that "sulphur is the mercury of herpes." Sulphur is only useful in two cases; when eczematous patients have bronchial catarrh, or when they are of a lymphatic temperament.

5th. All cutaneous derivatives, in the form of blisters, setons, etc., do not answer the intended purpose, and are besides dangerous, because they may give rise to new eczematous developments.

6th. In fact, among the many therapeutic agents directed against eczema, but one really deserves attention; this is arsenic. It has been praised by some, and condemned by others; its effects are certainly not very marked, and it is not a specific, yet it renders valuable service.

To obtain the best results from this remedy, we must know how to use it, and to that end, we must observe the three following indications:

1st. Arsenic should be given at the proper time.

2d. It must be given in really active doses.

3d. It must be given for a long time, and continued far beyond the period of cure.

The proper time for its exhibition is during the



period of dryness, in the non-inflammatory stage, for it has no effect on eczema when either acute or oozing. It is inert unless given in really active doses, hence the remedy is so often without effect, because both patients and doctors are afraid of arsenic. An active dose of Fowler's solution is twelve drops as a minimum, rapidly increasing to fifteen, twenty and twenty-five drops; while for arseniate of soda the daily and progressive dose is one, two, three and four, centigrams (gr. 0.15, 0.30, 0.45 and 0.60). Finally, its use must be continued for months, care being taken to interrupt it, for example, every three weeks, during which time a purgative may be given, if judged necessary. After eczema has passed, arsenic should still be occasionally taken, say two or three times a year, and this continued for years.

This treatment of eczema by arsenic reminds us of syphilis treated by mercury. In both those ailments it is well to remember the adage: chronic disease must be met by chronic medication.

The general treatment of eczema is not limited to this remedy alone. Other methods are to be employed, according to the several indications presented by the disease. Chief among these is the patient's temperament. The lymphatic and arthritic types are those which most favor eczema. The first is to be corrected by the use of iodide of iron (three to six spoonfuls of the syrup daily), cod-liver oil and bitters; against the last we should prescribe arsenic, bicarbonate of soda, and alkaline mineral waters. The physician must endeavor to ascertain the causes which may have developed the disease, so as to suppress them. This will require minute enquiry into the patient's private life. He must also prescribe a regimen or hygiene, which may vary according to cases and subjects, but which should include the following points, neglect of which will always be dangerous: a quiet, regular and abstemious life; all excitants must be avoided; salt water fish, shell fish, and pork meat discarded. Alcoholics of all kinds must be shunned, as also excesses (of work, late hours, or pleasures.) All causes of stimulation for the skin, such as frequent and protracted baths, extremes of temperature, sea air, etc., must be avoided. And these observances must be continued during the balance of the patient's life.

We have made no allusions to mineral waters in the treatment of eczema; we reserve this question for a review of the general treatment of herpes.

#### TREATMENT OF CHRONIC ULCER OF THE STOMACH.

The treatment of chronic gastric ulcer by injection of water and other fluids into that organ, or rather complete washing out of the stomach (lavage de l'estomac), has not attracted the atten-

tion which the therapeutic results obtained would seem to merit.

A very interesting case is recorded in a recent number of the *Progres Médical* (April 2nd). A patient fallen into a very cachectic condition was admitted as incurable, into M. Debove's service at Bicêtre. He recounted that ten years previously, during the war, he once found himself in great danger and lost consciousness; when he came to himself he vomited a considerable quantity of blood, and this has happened five or six times since then; during the intervals he vomited bilious and glairy matters, and these symptoms were accompanied by intense pain over the stomach. When he entered the service there was absolute intolerance of the stomach; he vomited even a few spoonfuls of milk that he attempted to take; he was reduced to the last stage of emaciation, could hardly support himself upon his limbs, and death seemed imminent.

In presence of such a desperate condition, M. Debove determined to make use of the process of Faucher for washing out the stomach. A long soft tube of caoutchouc was employed; there was no difficulty in introducing it into the stomach, and no danger of doing any injury if it was introduced too deeply; a simple glass funnel was adapted to it externally, and in this way eight quarts of ordinary water and two quarts of Vichy water were daily allowed to circulate in the organ. After three or four days, the patient was able to introduce the tube and perform the treatment himself; at the same time a milk diet was ordered, with 200 grams of raw meat daily, and concentrated meat juice or essence, prepared by five or six hours' coction in a hermetically closed vessel.

The treatment has now been continued for six weeks, and with very remarkable results. Pain has completely disappeared; vomiting has ceased, and the patient is much stronger. The patient is able actually to digest vegetables and salad but his augmentation in weight demonstrates best the results of the treatment. The first day of treatment he weighed 125 pounds, seven days later 132 pounds, and for four weeks following he gained 100 grams, three and (one-third ounces) per diem. The results are then very remarkable, and as can be seen, the treatment was executed with facility.

—*Med. and Surg. Reporter.*

#### DISAGREEABLE MEDICINES.

Dr. Stillwell writes as follows (*Med. Times, Phila.*)—A short time since, in conversation with a druggist who compounds prescriptions from a great number of different physicians, he spoke of the large doses which some of them gave, and, to illustrate, he got down his prescription-file for that day and showed me a recipe for powders of cubebs,

alum, and cinnamon so large that one of them filled twice a tablespoon heaping full, and when mixed in a half-glass (four ounces) of water it made a dose that almost any human being would rebel against. Now, as two or three drops of the oil of cubebs and one-tenth of a drop of that of cinnamon would represent the amount of the respective remedies, a pleasant instead of an offensive compound could readily have been made.

Here is the latest treatment for tapeworm, reported in a recent number of a medical journal, and noticed in the *Times* (No. 341), and, as it has a bearing upon the subject, I repeat the main features of the treatment: "The patient takes a dose of castor oil, then milk diet for twenty-four hours, and no other food except a salad of salt herring, onions, and garlic; then he takes a mixture of a decoction of pomegranate-root, ethereal extract of male fern, sulphuric ether, fluid extract of valerian, croton oil, and honey." At this period of the treatment the patient can take more herrings and onions, if he wants them. "As soon as the mixture produces colic, an ounce of castor oil is administered hourly until the worm is expelled."

If the patient lives through all this, and the worm succeeds in clinging to the mucous coat of the intestines after passing through such an ordeal, it deserves to remain there unmolested the remainder of its existence. It is such barbarous treatment as the foregoing which sends patients to homœopaths.

A prescription was presented at a drug-store to be compounded, not long ago, containing a number of ingredients, among them a preparation of iron and also a vegetable astringent. It was compounded and delivered to the patient; he immediately returned it to the store, with the remark that "he did not want ink." The druggist referred him to the physician who prescribed it; he told the patient that "if he prescribed ink it was his place to take ink;" and he did, and when he had any writing to do he would use his medicine as a writing-fluid, and when his inkstand wanted replenishing he would always get his prescription renewed.

I am satisfied that the followers of Hahnemann get many patients which they would not otherwise by the regular practitioners dosing children with disgusting medicines, for how often do you hear mothers say that they consider homœopathic medicine is "good for children"! I do not wish to be understood as advocating trifling with disease by using mild means merely to please the patient and gain credit for giving agreeable medicines, for I believe in administering any drug, no matter what is its character, when there is urgent necessity for it.

I think this subject is not sufficiently appreciated by physicians generally, as there is certainly room for great improvement in the preparation and the proper combining of remedies, so as to suit the patient's palate as well as his system.

I am accustomed to have made up at a drug-store a recipe which could be called either a syrup or an elixir; I give it for what it is worth. A half-fluid ounce of the compound added to a four-ounce mixture containing disagreeable-tasting medicines, such as bromide and iodide of potassium, bichlorate of sodium or potassium, quiniæ sulph., and many others, will cover a multitude of imperfections in a prescription as regards color, taste, etc.

This is the formula:

R Aurantium cortex recens, i;  
Sem. anisi (cont.), ʒij;  
Sem. cardam. (cont.), ʒi;  
Sem. sceniculi " ʒij;  
Coccus cacti " ʒi;  
Sacch. albæ, ʒxxxij;  
Sp. vini rect., fʒiv;  
Aquæ, Ojss.

Macerate all of the ingredients except the sugar in the alcohol and water for four days, filter, and dissolve the sugar by the aid of gentle heat, and strain it while warm.

HYDRASTIS.—The *Hydrastis Canadensis*, or gold-en seal, is a somewhat rare native of the rich and shady woods of North America. The rhizome, with its adherent rootlets, is the part which has been used in medicine since the time of the discovery of America. The tincture is the preparation commonly employed in doses of one-half to one dram, or more. Hydrastis is a stomachic tonic, and is often used in the treatment of atonic dyspepsia. It is one of the best remedies for the gastric catarrh of chronic alcoholism, and probably the best substitute for alcoholic stimulants when their use has been abandoned. For habitual constipation, depending upon inaction of the liver, it is undoubtedly a valuable remedy. The tincture should be given in half-dram doses in an ounce of water four times a day. It makes a nasty, unsightly mixture, but it is efficacious. For piles, both external and internal, it is most useful; and it is of especial value in bleeding piles, or where there is a discharge of mucus or muco-purulent matter from the rectum. In addition to the internal administration of the tincture, a weak infusion of the root may be injected into the bowel night and morning, or may be applied externally on lint. In prolapse of the rectum in children, in fissure of the anus, and in ulceration of the rectal mucous membrane it is highly praised. In gonorrhea it is a most useful remedy. Bartholow recommends a dram of hydrastin (the alkaloid) to four ounces of mucilage of acacia, and has found no injection so uniformly successful. Phillips prefers an injection made by adding one or two drams of the tincture to a pint of water, and of this orders a syringeful to be injected up the urethra every half hour for



seven or eight hours, and then every six or eight hours for two or three days. In cracks and fissures of the nipple hydrastis is strongly recommended, and it is said to be a good application in stomatitis, otorrhea, ozena, conjunctivitis, leucorrhœa, and in other chronic inflammations of the mucous membranes. It was formerly used by the Cherokees as a remedy for cancer, but there is no evidence to show that it exerts any influence over this disease. Phillips says that, although glandular swellings frequently yield to its action, he has never perceived any advantages to result from its employment in true malignant disease. When, however, the general system is debilitated this medicine operates in a remarkably efficacious manner, its action being not unlike that of quinine. The resin of hydrastis may be given in all cases where there is inaction of the liver. One or two pills, each of three grains, may be administered every night at bedtime, or one may be taken three times a day. It should be borne in mind that, although this substance acts powerfully on the liver, it has little if any action on the intestine, and it is consequently desirable to give a mild purgative to carry off the increased bile secretion. The pills, if taken at bedtime, should be followed in the morning by a teaspoonful or more of effervescing sulphate of soda in half a tumblerful of lukewarm water.—*British Med. Journal*.

**TREATMENT OF INFANTILE DIARRHŒA.**—A fact not sufficiently considered, remarks a writer in a recent number of the *Revue de Thérapeutique Méd. Chirurg.*, is that the treatment of intestinal catarrh in infants should be persevered in until a complete cure be obtained; the gastro-intestinal functions should be completely re-established before ceasing treatment. The proper therapeutic measures consist in the employment of bismuth and laudanum, and without this last medicament it is very difficult to have complete cure, in infantile diarrhœa. The following potion may be given, a teaspoonful at a time, in the course of twenty-four hours:—

R.	Bismuth. subnit.,	ʒ ij
	Tr. opii,	ʒ ij
	Mucilag acac.,	ʒ iv. M.

An enema of starch should be administered morning and evening. The little patient should be kept in bed; alimentation should consist of milk, panada, etc. This treatment should be continued for eight days, then the doses may be diminished, but the progress of the case should receive careful attention.—*Med. and Surg. Reporter*.

**HOMŒOPATHY AND THE REGULAR PROFESSION.**—The propriety of the present attitude of the profession in the United States toward homœopathy, is questioned by Dr. Fordyce Barker, in a recent speech before the New York Academy of Medi-

cine. He condemns "the narrow antagonism of the regular profession toward homœopathy," and claims "that were the unreasonable exclusiveness and opposition withdrawn, homœopathy would soon sink to its proper level." There is no denying that the ostracism of the homœopathists has caused the public to look on them as liberals, persecuted by bigots, and this has given to them the popular sympathy and support. Dr. Barker's proposition would, if adopted, at once alienate the "pure" from the "mixed" homœopathists, and ally the latter class with the medical profession. This would tend to destroy the practice of homœopathic specialists, who would not be preferred by their brethren before the broader specialists of the regular profession, and thus the moral force of the whole class would be impaired. The "pure" homœopathists still holding themselves aloof from scientific medicine, would then lose that support which they now enjoy from its quite general adoption on the part of their more intelligent colleagues. Then could pure homœopathy stand alone, when its followers might be able or might be honest, but could not be both.—*Chicago Med. Review*.

**RULES FOR USE OF PESSARIES.**—By Dr. Paul F. Mundé.

First, be sure of the diagnosis.

Always replace the uterus before applying a pessary.

Never insert a pessary when there is evidence by the touch of inflammation of the uterus or adnexa, or when pressure with the finger on the spot where the pessary is to rest gives decided pain.

Choose an indestructible instrument, (exceptions in Prolapsus.)

First measure the vagina and let the pessary correspond exactly with it.

The finger should be able to pass between the vagina and the pessary when the latter is in situ.

Remove a pessary as soon as it gives pain.

Examine the patient on her feet after introducing the pessary.

Always tell the patient that she has a pessary in her vagina.

Tell the patient to return in one week for examination, and she should be seen every four to eight weeks.

Do not introduce a pessary which the patient cannot remove herself.

Let the patient use daily vaginal injections.

Let superincumbent pressure be relieved by support for the skirts, and in ante-displacements, add a supra-pubic pad.—*Maryland Med. Jour.*

*The Physician and Surgeon* gives these practical hints. Some of them are well known, but their importance is sufficient to warrant the journalist in keeping them before the profession:

Some bladders are sacculated, and can not be emptied with a catheter.

In parturition the mother's bladder should always be emptied before the child is delivered.

In parturition a cystocele has been mistaken for the bag of waters. Such an error can only happen to an ignorant or careless practitioner.

To relieve retention of urine in a woman after childbirth, an elastic catheter with a bougie completely filling its interior should be used. This will prevent the instrument from becoming clogged with mucus.

To the above the *Louisville Med. News* adds the following:—In parturition the mother's rectum should be emptied before the second stage of labor begins. Neglect of this precaution has injured many a woman and punished many an inexperienced accoucheur.

APHORISMS IN OBSTETRICS.—Dr. Robert Battey, (American Medical Association Reports,) enunciated the following aphorisms as of value in doubtful cases of pregnancy. First, always consider a married woman pregnant if living with her husband until proved otherwise. Second, always consider an unmarried woman innocent till proved guilty. Third, always believe that a married woman of the highest character, living with a husband of equally high character, both solemnly assuring the medical man that no intercourse has taken place for two years, as she has been bedridden for that time, may bring forth a dead fetus. Fourth, always believe a young unmarried woman with abdominal tumor, of high social position and unimpeachable virtue, if she has been watched over by a platonic and abstemious cousin, while the mother was out, to be pregnant.

TREATMENT OF CEREBRO-SPINAL MENINGITIS.—Dr. Frances Delafield (*Clin. News*, Jan. 1, 1881) says that as we do not know how to act upon the general disease, we are confined to treatment of the local lesions. At the very commencement the meningitis should be combated with local blood-letting and cold. Blood should be taken by means of leeches or wet cups, from the temples, the nape of the neck or upper part of the spine. This should be employed only in persons who are strong and robust and at the beginning of the disease. Cold should be applied continuously by means of ice-bags to the head and back of the neck; this during the first week of the disease. To modify the headache, restlessness and delirium, bromide of potassium, either alone in thirty grain doses, or combined with chloral, hyoscyamus, musk or tincture of castor. The two latter agents in hysterical subjects. He thinks quinine is not indicated in this disease. If the temperature is to be reduced, he prefers cold affusions, tepid baths or the cold pack. Quinine does not reduce the temperature in meningitis. In children

blood-letting is never indicated. The indications for treatment are the same in adults as above given.

PARTIAL INTOXICATION TO PREVENT SHOCK.—Dr. Stephen Smith (*N. Y. Med. Record*) is in the habit of giving an alcoholic stimulant, whisky or milk punch, for several hours previous to a serious surgical operation, until the patient is partially intoxicated. This may require hourly doses of two or three ounces of whisky for five or six hours. He finds that shock is prevented better than by the previous administration of quinine or opium. To produce complete anæsthesia less ether or chloroform is required than if no alcohol is given, the stage of excitement is brief, the pulse remains full and slow, and the respiration is undisturbed. After the operation the pulse maintains its vigor, there is slight, if any, reaction, and the temperature remains nearly normal for the first twenty-four hours. Recovery generally follows in a shorter time than in cases submitted to similar operations without the use of the alcoholic intoxicant. He is especially inclined to use this method with patients who are nervous and alarmed at the idea of an operation, and with those showing enfeebled action of the heart.—*St. Louis Clin. Record*.

COHEN'S INHALER.—Dr. J. Solis Cohen, of Philadelphia (*Pittsburgh Med. Journal*), has, through the State and National Medical Association, as well as by the medical press and independent publications, endeavored to call the attention of the profession to the use of a small instrument he has been using for some time with great advantage in certain pulmonary affections. It acts as a mechanical expectorant, expanding the air cells in insufficient dilatation. In the dyspnoea of spasmodic asthma, pleuritic effusion, pulmonary emphysema, and in the early stage of pulmonary consumption when there is inefficient expansion of the lungs, the use of this little apparatus in causing inspirations of compressed air is most needed. But the most useful application of this mechanical expectorant is in cases where there is an accumulation of the products of secretion, suppuration and exfoliation in the bronchioles and air cells. Here the inhalation of slightly compressed air causes a prompt discharge of these viscid masses by an expulsive cough. The lungs being thus relieved a rest from exhaustive cough and a quiet sleep may be secured for hours.

The instrument consists of the bulb of a common spray apparatus, with a short india rubber tube attached. When it is to be used the patient, after taking a long breath, places the tube in his mouth and compresses the nostrils, then by several squeezes of the bulb forces the air quickly into the lungs and fills the air cells and bronchioles with compressed air. A cough follows, which ef-



fectually clears the air passages of the pus, mucus, and softened tissue. It may be used once or twice a day.

**DIPHTHERIA AND TRACHEOTOMY.**—In a recent contribution to the *Zeitschrift für Chirurgie* (vol. 14, p. 228), Dr. C. Pinner details the experience of Prof. Mass, of the surgical clinic of Freiburg, with diphtheria and its operative treatment. In three years 137 cases were admitted to the hospital, and of these 101 were subjected to an operation. Of all patients admitted 63 (45 per cent.) recovered; the mortality of males being slightly in excess of that of females. Of the patients on whom an operation was performed (101) 33 recovered; a percentage of recovery like that obtained by Rose of Zurich. Of the patients in whom an operation was deemed unnecessary 83 per cent. recovered. Of the cases admitted 60 per cent. were children in the second, third, fourth or fifth year of life. When the disease attacked children during the first or second year it invariably terminated in death. Tracheotomy was practiced as soon as symptoms of asphyxia supervened and only to facilitate respiration. Unless complete asphyxia existed chloroform anæsthesia was induced; in two operations respiration ceased, but was re-established artificially. The operation usually practiced was tracheotomy below the isthmus of the thyroid gland. Complications from hemorrhage or anomalous distribution of blood-vessels was not often encountered.—*Cincinnati Lancet and Clinic*.

**SIGNIFICANCE OF EAR-ACHE.**—Dr. Buck says that every ear-ache should be considered as the beginning of what later may prove to be a fatal disease. It should receive early and constant attention from a physician who is able to examine the ear with a speculum and reflected light.

**ANÆSTHESIA BY CHLORAL.**—M. Bouchut publishes, in the *Paris Medical*, a case of thoracentesis, in a child six years and a half old, with anæsthesia by chloral. M. Bouchut gives chloral in doses of from two to three grammes, according to the age of the patient, and in a single dose. He asserts that it is a perfect anæsthetic, without any disagreeable result; and that he has administered it in this way in more than ten thousand cases. Anæsthesia by chloral renders operations very easy in children, who move about, struggle, and incline the vertebral column towards the side which is to be operated on. The anæsthetic sleep overcomes this resistance, sometimes so difficult to conquer, especially in children on whom the same operation has been performed more than once. When the little patient awakes, at the end of three hours, he is ignorant of what has been done to him, and finds himself relieved without having experienced any unpleasant sensations.

**PRESERVATION OF DISSECTING MATERIAL.**—*The British Medical Journal* gives an interesting sketch of the methods of the preservation of subjects in the London dissecting-rooms. At Guy's the subjects are injected by the Howse method, with glycerine and arsenic, but are afterwards put in a carbolic acid solution. At St. Mary's, the injecting material is composed of vermilion, arsenic, plaster-of-Paris and size. At Middlesex Hospital, arsenic in a solution of carbonate of potassium was used the subject being afterward wrapped in carbolic acid cloths. At University College, carbolic acid in glycerine is the injecting material. In other schools chloride of zinc, bichloride of mercury, arsenite of sodium, arsenic, creosote and soda, etc., are used in various combinations. Not one of these schools, however, makes use of a solution of chloral, as first used by Dr. Keen, of Philadelphia. This is an economical and perfectly satisfactory method of preservation. Under its influence subjects not only remain sweet for weeks, even in warm weather, but the muscular tissue retains its normal flexibility and brightness of color.

**ACTION OF BELLADONNA.**—In a recent communication on this subject, Dr. T. Wharton Jones (*American Journal of the Medical Sciences*, April, 1881,) advances certain views respecting the action of belladonna, that are somewhat at variance with the opinions generally held on the subject. He claims that the phenomena of belladonna poisoning stand in the following order: First, the constriction of small arteries by stimulation of their muscular coat. Second, the establishment of venous congestion in the brain and spinal cord. Third, the cerebral and muscular disturbance arising from the venous congestion of the brain and spinal cord. In the consideration of the mydriatic action of belladonna, one factor is often overlooked, and that is a certain amount of physical elasticity which exerts an influence in addition to that of the two sets of muscles. In his opinion, belladonna acts by directly exciting to action the radiating muscular fibres composing the dilator pupillæ, and not by paralyzing the sphincter and giving unrestrained scope to the action of the dilator.—(*Med. Review, Chicago*).

**PROF. DA COSTA'S FAVORITE PRÉSCRIPTION OF SODIUM SALICYLATE.**

R Sodii salicyl..... 3 j ;  
Spr. lavend. comp..... fl. 3 j ;  
Glycerinæ..... fl. 3 ss ;  
Aque, q. s. ad..... fl. 3 iij.

M. et sig. Two tablespoonfuls in a dose.

BULWER says in one of his novels, in defining a medical consultation, that a consultation is a meeting of physicians in which the counselors agree with the attending physician, and change the treatment.

**TREATMENT OF SUNSTROKE.**—Dr. D. H. Cullimore, in the *British Medical Journal*, gives the following :—I landed in India an orthodox believer in the absolute necessity of rapidly attempting to reduce the body temperature by cold baths, and in two forms of sunstroke I am still of opinion, mainly on theoretic grounds, that the treatment is the most effectual we possess. There is, however, a third form, and one that most frequently comes under the notice of the medical officer in India—at all events while in civil employment—in which my experience has not only taught me to prefer the tepid and warm baths (from 90° to 98° Fahr.), but has led me to think that cold baths proved rather injurious than otherwise. This third form was probably the disease, complicated with malarial fever, from which the Marquis of Ripon has lately recovered. The varieties of sunstroke to which, in my opinion, the cold bath should be restricted are these :

The first is the sudden stroke from the direct effect of intense sun heat, combined with great fatigue, and predisposed to, perhaps, by the use of stimulants. This form is rapidly fatal ; it most frequently occurs in young, vigorous, unacclimatized men, whose internal organs are probably sound ; and is attended with loss of consciousness, pungent heat of skin, perhaps convulsions, and death from syncope, owing either to stunning of the brain, or to paralysis of the conducting nerves and their centres, brought about by a coagulation of the albuminous bodies in the nerves, muscles, etc. Here the immediate and repeated use of the cold bath, with the application of cold to the head, seems rational enough. I have seen but one case of this kind ; and death was of too rapid occurrence to allow any treatment to be adopted with any chance of success. There were *post-mortem* signs of cerebral congestion and effusion of blood. The lungs were considerably engorged. The patient had an epileptic history.

The second form, in which the immersion of the body in cold water will reduce the temperature so as to permit the renewal of the suspended functional activity of vital organs, is that kind of heat asphyxia known to occur on board ship in narrow tropical seas, or ashore in the crowded barrack-room.

The third variety, and that in which my experience has led me to discard the cold and adopt the tepid and warm bath, may be described as follows : It occurs most frequently among acclimatized district civilians—engineers, police and medical officers—men whose duties necessarily expose them, at times, to great and prolonged heat, considerable fatigue, and a good deal of discomfort, while sojourning in tents or travellers' bungalows. They are probably tainted with malaria, and may have occasionally suffered from attacks of congestion of the liver and dysentery. While on a tour of this

kind, the patient elect begins to feel irritable, tired, and out of sorts : he tried to look bright and pull himself together. After a day or two, the heat of skin increases, and he ceases to perspire ; there are headache and intolerance of light ; and when considerably done up he returns home, and after a sleepless night sends for the Doctor. His face is now flushed ; there is intolerance of light and sound ; perhaps delirium and muscular twitches ; the skin is dry and burning ; the temperature 106° or 107° Fahr., with exacerbations if complicated with fever. The pupils are often contracted ; and there may be tenderness over the hepatic region, with a yellow conjunctiva. Patients suffering as described generally recover if treated promptly. The disease is liable to recur, and a sojourn in Europe is advisable, but not absolutely necessary.

The treatment which I have adopted in several cases of this affection, and to which, were I a patient myself, I should wish to be subjected, is as follows : A warm bath, to be repeated according to the judgment of the medical attendant ; cold to the head, in the form of irrigation, if the patient will bear it ; and removal to a cool, dark room, with a punkah. A thermantidote would be a great advantage ; it is, however, necessarily restricted to public institutions, and I have never seen one in use in India. Aconite and belladonna, in from three to six minim doses, should be given every two hours. This combination is invariably followed by free perspiration, but a coincident reduction of the temperature does not always accompany it. Still it is the best means of attaining that end, at the same time controlling the meningeal disease. Bromide of potassium is a useful addition in some cases : chloride of ammonium in others ; and quinia, if there be a malarial complication. Quinia, unless in cases of ague, does not, I think, reduce the temperature of the body. Potash water is the best beverage.

**AN EXCITING CONFLICT.**—The following humorous description by Langhorne to Hannah Moore of an illness by which he was assailed, has been going the round of the medical journals :

"I am at present of no small importance in my own estimation, being just risen from the dead, a citizen of no mean city ! The truth is, that for two months past I have been incapable of enjoying, and almost of attending to any one earthly thing ; totally depressed, sunk down, and buried beneath a complication of rheumatic, scorbutic, nervous, and bilious complaints. These rebellious powers, like the Americans on their continent, carried everything before them in a very *unconstitutional* manner indeed. At last matters came to a crisis. General Bile was appointed commander-in-chief, and led the whole forces of Rheumatism Bay, Scurvy Island, and Nervous Province, into the very centre and heart of my dominions, and



drew up his whole force in the following order :— First battalion, a body of Emetic Tartars, under the command of General Ipecacuanha. These fought with uncommon bravery for one whole day and a night, made prodigious havoc of the Biliary forces and took their general prisoner. A truce was proclaimed for twenty-four hours, when, it appearing that a large body of the Biliaries had secreted themselves in the lower parts of the country, I despatched the second battalion, consisting of foreign troops, principally of the provinces of Senna, Tamarind, and Cream Tartary, under the command of sub-brigadier-general Cathartic. These brave soldiers behaved with great courage and gallantry, defeated the Biliaries in fifteen pitched battles, and at last totally drove them out of the country. The above two battles lasted five days and five nights. The engagement was at first so hot that victory was doubtful. It was, indeed, a dreadful and a bloody combat, and I certainly can never forget it. On the sixth day a few of the nervous regiments were seen struggling, but being pursued by Colonel Cordial with the Jalap light horse, they threw down their arms. The troops of Scurvy Island concealed themselves in the woods and other inaccessible places. Thus, my dear madame, have I given you a circumstantial account of a most desperate and dangerous contest I maintained for my all. What were the battles of Bunker's Hill and Long Island compared to this? In my estimation, certainly nothing. I am now wondrous well."

**BLADDER DRAINAGE.**—Mr. Chiene, of Edinburgh, has devised a simple and effectual mode of draining the bladder, which must prove of great advantage in cases of cystitis generally, as well as in surgical affections of the perineum and its vicinity. He was led to try it first in a case of perineal fistula, in order, if possible, to keep the wound perfectly dry. "A gum-elastic catheter," he says, "is introduced and fixed to the penis with sticking plaster. Care is taken that the eye of the instrument is just within the neck of the bladder. To this catheter an india-rubber tube is fixed, of sufficient length to reach, without being strained, over the side of the bed to the floor. It then passes into a bottle. The bottle and tube are filled with carbolized water before attaching the apparatus to the catheter. Care is taken that no air can get in at any of the joints. It is well to introduce a piece of glass tubing at a convenient part for observing the direction of the flow. In order to keep the india-rubber tube steady in the bottle, a piece of glass tubing is attached to its extremity. In this way a siphon action is established, by which a constant slow current of water is carried from the bladder along the tube into the bottle. The latter should overflow into a basin, which can be emptied without

disturbing the apparatus." He recommended that the catheter should have a double eye, and, if necessary, by raising the bottle, any occluding mucus may be cleared out by the backward flow into the bladder. This method is not adapted for catarrh of the bladder in the female, as the siphon action cannot be kept up.—*Edinburgh Medical Journal*. December, 1880.

**THE INTRODUCTION OF FOOD THROUGH THE NOSE.**—M. Fernet advocates feeding patients through the nostrils when from any cause it is impossible to do so through the mouth. The method is a very simple one. The patient lies on his back, his chest and head slightly raised by pillows, and the food or medicine is very slowly poured into one of the nostrils; it flows easily on the plane formed by the floor of the nose and the superior surface of the wall of the palate, and in that way comes directly to the pharynx, where it causes movements of swallowing. If this little manœuvre is well and skilfully done there need be nothing disagreeable about it. This method of administration takes no more time and offers no more difficulties than when the food is taken in the usual way. If the fluid be poured in in too great quantities at a time, or if the sensitiveness of the pharynx is so far blunted that reflex movements of deglutition are not excited, then a few drops may find their way into the larynx and cause paroxysms of coughing. But this inconvenience rarely occurs when the food is administered slowly and gently, and really offers no serious obstacle to the method.—*Revue de Therapeutique*.

**THE INDUCTION OF ABORTION AS A THERAPEUTIC MEASURE.**—At a late meeting of the Obstetrical Society of London, Dr. Priestly read a paper on this subject. He considered that the indications for the induction of abortion, as distinct from the induction of premature labor, had never been laid down with sufficient precision in this country. It was usual to say that each case must be judged on its merits, and this lack of rules might unfortunately lead to serious abuse. Examples had repeatedly come within his knowledge, where abortion had been provoked for reasons which seemed to him quite inadequate. Though the medical man was no doubt acting in entire good faith in these cases, it would have been very difficult to sustain his action in a court of law. For instance, in one case abortion was induced at the fourth or fifth month, on account of a bad rupture of the perineum at the last confinement. In a succeeding pregnancy a sound was introduced with a similar object at the end of a month; this however, had no effect, and she went to full term, and had an easy and natural labor. In a second instance an attempt was made to induce abortion at the second month because the patient had aborted not long

before, and it was feared that pregnancy had recurred too speedily, while a much desired journey would have to be postponed if miscarriage recurred at the same period as before. Fortunately, the attempt failed, and the patient went to her full term. It was necessary to remind wives and mothers that even spontaneous abortion is often more damaging to health than natural parturition, more frequently lays the foundation of disease, and if repeated, abridges the period of youth and comeliness. These risks were necessarily greater if abortion was induced. The reasons which may be adduced as justifying the induction of abortion are the following: 1. Pelvic deformity so great as to preclude the birth of a viable child. 2. Narrowing of genital canal by tumors, cicatrices, or cancer, so as to prevent the passage of a viable child. Great care was here necessary not to overestimate the amount of obstruction. If a series of cases of Cæsarean section with fair success should occur, the reasons for inducing abortions in such instances would be undermined. In cases of cancer there was fair ground for this operation, since the woman had but a short time to live in any case. 3. In obstinate vomiting in pregnancy, when all other expedients are fruitless, and a fatal result is anticipated if relief cannot be afforded. 4. In eclampsia, abortion should only be induced as a last resort, to save life. 5. In irreducible retroversion or retroflexion of the gravid uterus, but only when life is seriously threatened, not merely because the displacement is irreducible. 6. In severe hæmorrhage. 7. In certain other diseases where the complication of pregnancy is undoubtedly endangering life. The responsibility of inducing abortion should never be undertaken without a consultation of two or more medical men, and M. Tarnier had even suggested that a legal declaration should be made to the public prosecutor in every case. He would lay it down that the induction of abortion is only legitimate when the life of the mother is so imperilled by the continuance of pregnancy that emptying the uterus presents itself as the only alternative to save the mother. In insanity, chorea, and the like, the proper treatment was probably to treat the morbid conditions, and leave the pregnancy to take care of itself.—*Therapeutic Gazette*, May, '81.

WORK IN MEDICAL SOCIETIES.—A good amount of valuable time is wasted in medical societies by discussions which are kept up with the view rather of hearing oneself talk, or of appearing as a zealous society worker, than with a purpose of adding to the real profit of the debate. Lengthy and irrelevant debates frequently consume valuable time, and serve, in no small degree, to disgust and bore those who attend the society meetings with a desire of deriving a benefit. There is no sense or reason in this way of killing time. Men who come

to these meetings to assume the rôle of bores should be treated as such, and not be allowed to impose upon those who really desire to learn. There is no excuse for idle, haphazard, debate in a medical society. The majority of such societies have issued cards announcing the programme for each meeting. It is the duty of the members to confine their remarks to the subjects thus announced and to prepare in advance for the discussions if they have any desire to take part in them. This habit of preparation will be found of great value to every member, and will insure an intelligent discussion of a subject under consideration. It is a habit easily formed, and should be adopted by every society member. It would be a good rule for each member to adopt a resolution not to take part in a discussion without previous preparation, or at least without a decision as to the character of remarks he proposes to make. A few men may draw on a large experience for subject-matter for an impromptu debate, but even this number would add to the effect of their remarks by previous consideration and arrangement. A medical society is, in one sense, an experience meeting, but differing decidedly from the experience meetings of religious bodies, which it is often made to imitate. In medicine we have the basis of facts for consideration, and men should confine their remarks to conclusions drawn from a careful study of facts. Experience is of value when it has been obtained by correct methods of study and observation; when it is not based upon mere impressions and ideas which steal upon the mind undemonstrated by actual and close test.

We wish to protest against the manner in which many of the debates in medical societies are often conducted, from the American Medical Association down. Much valuable time is squandered in idle talk and jargon, or if analysed it will be found to be little else—to the great detriment of the influence and value of these bodies, which have in view a higher mission of usefulness.—*Maryland Medical Journal*.

ON THE CONTROL OF DIARRHŒA IN TYPHOID FEVER.—Dr. James W. Allan, Superintendent of the Glasgow Fever Hospital, says in the *Lancet*, March 19:

It is, perhaps, better not to attempt to check the diarrhœa of enteric fever so long as it is mild—that is to say, as long as the motions do not exceed three or four in the twenty-four hours. But when the stools are very loose and copious, as well as frequent, it becomes a very desirable thing to control, if not to stop, the diarrhœa. Severe purging rapidly exhausts a patient. In the case of children the following measures may be tried: 1. Boiling the milk which constitutes the patient's diet; 2. Boiling cinnamon in the milk and straining it; 3. Adding lime-water to the milk in vary-



ing proportions, say from one in four, to half and half.

The above simple remedies are well worthy of trial. They have the great advantage, in the case of children, of not being "bad to take," and further, while the patient is taking the medicine he is taking his diet (*i. e.* milk) at the same time.

In the case of adults the means just mentioned should first of all have a trial. If they fail we may then try (1) that excellent pill—lead pill with opium—say one every three or four hours, till the diarrhoea is restrained. This pill is very valuable in the treatment of purging, and it has the additional advantage of tending to relieve pain and check flatulent distension of the intestines. Should the purging continue, and especially if the desire to go to stool be urgent and persistent, we should at once resort (2) to the use of the starch and laudanum injection—say ten, fifteen, or twenty drops of laudanum in two tablespoonfuls of thick starch, injected into the rectum. This is a capital remedy; it checks the diarrhoea, allays the irritation, and probably at the same time disposes the patient to sleep. It is perhaps unnecessary to add, that no beef-tea should be given while there is diarrhoea.

**A NOVEL METHOD OF TREATING ANTEFLEXION.** In a recent clinical lecture by Dr. Jno. Forsyth Meigs, reported in the *Virg. Med. Month.* for Dec., that gentleman advances a novel notion about the treatment of anteflexion and the causation of irritable bladder in that class of cases. Says the eloquent doctor: "But how, you will ask, do I intend to cure anteflexion? Why, by making the woman teach her bladder to hold gradually more and more urine. The more urine the bladder can be made to hold, the more thoroughly will the anteflexion be reduced. Nine-tenths of her constant micturition is only fanciful. There is no reason whatsoever why the bladder should not do its proper work. She should be made to hold first four, then six, eight, ten, and finally twelve ounces of urine. When it can hold twelve ounces the anteflexion will be largely reduced." We should think so!—*Cin. Med. News.*

**TREATMENT OF SUB-INVOLUTION OF THE UTERUS.**—Dr. Braithewaite has had excellent results from a plan first made known to him by Dr. Wynn Williams. A delicate whalebone applicator, armed with cotton, is dipped into a mixture of equal parts of iodine, iodide of potassium, and alcohol, and carried up to the fundus, where it is allowed to remain for a few moments. The introduction is facilitated by passing a sound beforehand. Strong muscular contraction at once occurs, unless there is endometritis, in which case the affection of the endometrium should first be subdued by the use

of ordinary tincture of iodine or carbolic acid. This strong solution of iodine seldom has to be applied more than three or four times, as it causes a rapid reduction of the size of the uterus.—*N. Y. Med. Journal.*

**TATTOO MARKS AS ANATOMICAL GUIDES.**—A Paris letter gives this item:—Henceforth, be it understood, the dermatographic artists will be looked upon as valuable auxiliaries to surgery. "Why is it," asks Dr. le Comte, who is physician to a regiment of dragoons, "Why is it that such quantities of soldiers die upon the battle field?" And then he replies, confidently: "Simply because of the difficulty which arises in regard to arresting hemorrhages." The compression of an artery being the best mode of stopping profuse bleeding, Dr. le Comte proposes to teach each soldier first where these vessels are situated, so that he may assist himself while waiting for a surgeon. Therefore, he tattoos an image of some kind upon every portion of the soldier's body where there is an artery.—*Med. Press and Circular.*

**AN EXPLOSIVE MIXTURE.**—An explosion of an extraordinary nature recently occurred at the shop of a druggist in Wigan. A woman went to the shop and asked the assistant for a mixture of spirits of nitre and vitriol. The assistant declined at first to supply the mixture, stating that the spirits would burst the bottle, and she would get badly burnt. The applicant said she had procured the mixture before for cleaning buttons and clothing, and pressed the assistant to prepare the mixture. The assistant at length made up a mixture of spirits of nitre and vitriol, but no sooner had he corked the bottle than the contents exploded, and burnt him severely about the eyes. The applicant and another person who was waiting to be served, were seriously burnt on the face.—*Ibid.*

**FEES FROM GRATEFUL PATIENTS.**—Dr. Fordyce Barker in his address before the Academy of Medicine, reports that improvement in municipal sanitation will reduce the deaths in New York City 6,000 a year. He adds this cheerful experience with the doctors: "Many of our more wealthy people do not content themselves by paying the bills sent to them, but often add a most generous honorarium. Thus I am informed on the best authority that one received at the beginning of the year a check for \$10,000, and another of our number a check for \$5,000. There are many of us who are remembered at the time of the Christmas holidays by grateful patients, who send presents of silver and bronze works of art, together with luxuries of an æsthetic character which we could not afford to indulge in, but which we nevertheless gracefully accept."

# THE CANADA LANCET.

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TORONTO, JULY 1, 1881.

## THE ONTARIO MEDICAL ASSOCIATION.

The inaugural meeting of the above association which took place in this city on the 1st and 2nd ult. was a highly successful and interesting gathering, and showed in an unmistakable manner the wisdom of the undertaking. The very large number of one hundred and thirty-two members enrolled their names upon the register, and took part in the proceedings. The papers read were short and practical—no paper occupying more than twenty minutes in its delivery, and the discussions that followed, were, in most cases, highly interesting and instructive. Three sessions were held each day—morning, afternoon, and evening, and the whole time was spent in the most profitable manner to all concerned. The members devoted themselves entirely to the work of reading and discussing the papers presented before the association. The transactions will no doubt be looked forward to with interest, and the committee having their publication in hand, will lose no time in placing them before the members of the profession. They are well worth preserving and will form a valuable addition to our medical literature. The decision arrived at by the association to hold the annual meetings at one fixed place, viz. Toronto, was most judicious, and will tend greatly to increase the general interest in the association. This city is reached by so many lines of railway as to make attendance a matter of little inconvenience, even to those in the most remote parts of the Province. The liberality of the railway managers also, in granting reduced fares, will also contribute in no small degree to make attendance on the meetings more general. Many members too, may be able in some

degree to combine business with pleasure and instruction, and thus in some measure recoup themselves for the expense of attending. We believe that one cause of the want of that pronounced success which we had just reason to expect in the Dominion Medical Association, arose from the fact of its peripatetic character; and we strongly entertain the opinion that if its meetings were held in some central fixed place, say Montreal or Quebec, that it would be much more prosperous than it has been in the past. It is quite true that the American Medical, and British Medical Associations adopt the same principle in regard to the place of meeting; but it is also true that while the attendance is always large enough to be successful in any event, yet it varies very much in point of numbers, depending upon the locality in which they meet. Hence in a widely extended and comparatively sparsely settled country, such as the Dominion of Canada, this irregularity in attendance is much more marked in our association than in either of the above mentioned.

The fears indulged in by some of our eastern confrères, that the Ontario Medical Association would in some measure trench upon the domain of the Dominion Medical Association, have no foundation in fact. On the contrary, we firmly believe that it will become the handmaid of the National Association, and be the means of arousing a greater amount of enthusiasm in the success of the latter, than has ever been manifested hitherto.

In regard to the publication of the papers read at the Ontario Medical Association the printing committee has decided that, in consequence of the want of sufficient funds, they shall be handed over to the editors of the Medical Journals to be printed by them from time to time, as may be deemed expedient.

## THE ONTARIO MEDICAL COUNCIL.

The Medical Parliament of Ontario held its annual meeting in this city on the 14th ult. and following days, and a condensed report of the proceedings will be found in another place. Several very important matters came up for discussion and final settlement. Among these may be mentioned the adoption of the Intermediate High School examination, with Latin included, in lieu of the matriculation examination heretofore in force by



the Council. This change was introduced last year, but did not really come into force until the present time, and as there was some misunderstanding in regard to the wording of the regulation in last year's announcement of the College, the subject had to be taken up again. It has now, we believe, been arranged satisfactorily, and we congratulate the Council on the work it has accomplished in this respect. The motion to do away with the worry and expense of an Executive Committee was another commendable feature in the programme. There is no doubt that most of the labor that devolved upon this committee can be as expeditiously and efficiently performed by the Registrar, and, when sanctioned by the President and Vice-president, will be equally as binding upon the Council as if done by the committee, and thus a large saving will be effected, without in any way impairing the usefulness of the Council. It is also imperatively necessary to adopt a vigorous retrenchment policy, or the funds will soon fall far short of the requirements of the Council. As it is, the propriety of increasing the revenue by doubling the annual assessment, has been under discussion, and although laid over for the present, will have to come up again in a year or two. By increasing the annual assessment to two dollars per annum, it is thought that sufficient funds would be obtained, not only for the support of the Council, but also for the establishment of a museum in connection with the College, including specimens and appliances for the use of the board of examiners.

With reference to the treatment by the Council of the petition of the unfortunate students, we do not regard the *denouement* as a particularly happy one. After having withdrawn the charges against the examiner, and placed their case in the hands of the Council, with the understanding that some measure of relief would be accorded them, they should, in all fairness, have been treated more generously. There can be no doubt that the examining board adopted more rigid rules than have obtained in former years, and very much exceeded the requirements laid down by the Council's regulation, which demanded an average of 60 per cent. of the total number of marks in the aggregate of subjects. Some of the students made a very high percentage of marks—sixty-five, seventy, seventy-five and upwards—in their final examination, yet failed to obtain their licence,

because they happened to fall below a certain arbitrary standard in some one of the subordinate branches of study. The subject specially complained of was surgical anatomy. The examiner upon this subject, Dr. Sullivan, is lecturer upon surgery in the Kingston Medical School, and what gave point to the complaint was the circumstance that all, or nearly all, of the candidates for the final examination from that school, passed in surgical anatomy, while a large proportion of those from other schools and many who stood high in all the other branches, were rejected in that branch. This of course can be easily understood and explained, without supposing any collusion between the examiner and his own students. Herein was one of the principal errors, and also an indirect violation of a most excellent rule of the Council, viz., "that no examiner shall examine on the subject upon which he lectures," for, as every surgeon knows, surgery and surgical anatomy are most intimately associated.

The students undoubtedly made a serious mistake from either point of view, for if they could have substantiated the charges they made against the examiner, they should under no circumstances have withdrawn them, and if they could not have done so they should never have formulated them. They had many warm friends however in the council; in fact the majority was in their favor, but through mismanagement in proposing a motion and amendment, each intended to afford relief, in a different way, both were lost on a division. The only hope of redress now, will be by an injunction in Chancery, which we are credibly informed is about to be issued, if the lawyers (Blake, Kerr & Blake,) after due enquiry, hold out any encouragement for them to proceed. We regret very much that the matter could not, under the circumstances, have been amicably settled, without becoming more public, as the effect of the constant bickering and quarrelling, upon the Council and the profession at large, cannot but be injurious in the last degree. In order to avoid future trouble in this direction, the Council has wisely relegated surgical anatomy to the examiner on surgery, to whom it properly belongs.

#### NEW BRUNSWICK MEDICAL ACT.

Through the kindness of Dr. A. B. Atherton, of Fredericton, N.B., we have been favored with a copy of the Medical Act recently passed by the

Legislature of this Province. We have carefully perused the various clauses of the Act, and give below the gist of its provisions, which are as follows: There shall be established in the Province a Medical Council composed of nine legally qualified medical practitioners, of not less than seven years' standing, four of whom shall be appointed by the Governor-in-Council, and five by the New Brunswick Medical Society. The former shall hold office for the term of four years, and the latter for the term of three years. Five members shall constitute a quorum. Any vacancies occurring shall be filled up by the body or authority whose duty it is, and failing to do so within three months, the Council shall have power and authority to appoint a properly qualified person or persons to fill such vacancy. The Council shall have power to appoint a President, Registrar and Secretary, and such other officers as may be necessary to the working of the Act. The Registrar shall, before the first day of May in every year, cause to be printed in the *Royal Gazette* of the Province a correct register of the names, in alphabetical order, together with the residences, titles and diplomas of all persons registered under the Act up to the first day of January in such year, which registration shall be *prima facie* evidence in all courts of law that such persons are duly qualified medical practitioners. It also provides that after the passing of the Act no person shall be entitled to have his name entered upon the register unless he satisfies the Council that he has passed the matriculation or preliminary examination of the Council, and subsequently pursued his medical studies for a period of not less than four years,—one of which may be spent with a legally qualified medical practitioner—and during that period attended courses of lectures amounting together to not less than twelve months on all the leading subjects, and a three months' course on each of the others; that he has passed an examination and obtained a degree or diploma from some incorporated medical school, college or university which requires a four years' course in order to obtain its degree or diploma, or, failing that, to pass a satisfactory examination in the branches herein specified before examiners appointed by the Council. In the event of any person applying for registration as a practitioner of any exclusive system of medicine, the registered practitioners of that system shall have

the right of appointing an examiner or examiners on the subjects peculiar to that system, viz.: *Materia Medica* and *Therapeutics*. Section 38 admits to registration all practitioners in the Province who at the time of passing the Act were possessed of a degree or diploma from any legally chartered medical college or university, in any country where such is recognized; also all persons who have practised medicine or surgery for a period of twenty years previous to the passing of the Act. The fee for registration to those who are qualified and entitled to register under section 38, or at the time of passing the Act, is \$2;—those who qualify subsequently, \$10.

The standard of matriculation is much the same as that lately in force in the Medical Council of Ontario, except that there are a greater number of subjects named under the head "Optional." The penal clauses are also very similar to those of the Ontario Medical Act.

Provision is made for the organization of the Council three months after the passing of the Act, which was assented to on the 25th of March. A most liberal provision is that which permits non-resident regular practitioners residing near the boundary line in the State of Maine, or in the Provinces of Quebec or Nova Scotia whose regular practice extends into the Province of New Brunswick, to register under the provisions of the Act.

We have now reached the last clause of the Act, and were about to congratulate our friends near the sea upon their success in medical legislation, when, Presto! Shades of the late General G—look down upon us!! "This act shall not apply to or be construed to extend to *clairvoyant* physicians practising at the present time in this Province, or to midwives." We have been informed that this clause was tacked on to the bill at the very last moment by the "old Ladies of the Upper House," and had to be accepted or the bill would have been lost. This stupid clause is bad enough, heaven knows; but, to use a Hibernicism, "it might have been worse."

#### TREATMENT OF TAPE-WORM.

The following is given by Dr. Cassels, of Three Rivers, Que., in (*Canada Med. Record*), as the best mode of procedure in the treatment of tape-worm, and one which was successfully carried out in the



Military Hospital at Valetta, Malta, where he was dispenser for two and a half years :—

When a man was admitted with tænia, he was allowed no food after dinner the day of his admission; that evening he was given a full dose of compound infusion of senna with one or two drachms of rochelle salts. The senna was found to clear the mucus from the intestines and expose the worm better than any other purge. The following morning, after the bowels were well cleared out, and the man had fasted 15 or 18 hours, he was given from 1½ to 2 drachms of kamala powder, together with the same quantity of ethereal extract of male fern. This was given in the following way: the kamala was first suspended in an aromatic mucilage and the male fern added. Just before giving it to the patient this mixture was poured into half a teacupful of warm milk and taken while hot. An hour or so afterwards, half an ounce each of castor oil and turpentine were given.

The rationale of the treatment is as follows :—The worm is made hungry, and exposed by cleaning the mucus from the bowels, then the remedy is given in hot milk, as the animal is particularly fond of that article of diet; the turpentine is to give the *coup-de-grace*, if required, and the oil to remove him from the patient.

OVARIAN TUMOR TREATED BY INCISION AND DRAINAGE.—In the *New York Medical Journal*, for June, 1881, Dr. T. Gaillard Thomas relates the case of a lady on whom two attempts had been made to extirpate a large ovarian tumor, which attempts were abandoned on account of the extensive adhesions encountered and the profuse hæmorrhage that took place. The patient's health became very much depreciated, and on several occasions she passed into a state of collapse, and was thought by her physician to be dying. She now entered Dr. Thomas's private hospital, where, after vain endeavors to improve her condition by great care and thorough drainage (a drainage tube having been inserted by the surgeon who first attempted the removal of the tumor, and the opening still persisting), Dr. Thomas cut directly down upon the tumor, and, without opening the peritoneum, tried to enucleate it. There was so great hæmorrhage, however, and the sac was so univer-

sally attached, that he gave it up, and cut directly into the mass, when a large amount of colloid fluid escaped. Carrying his hand into it, he found a large number of sacs, each of about the size of a cocoanut, filled with fluid, which he broke up. One existed almost outside of the large tumor, and it was into that that the India-rubber tube had been inserted by the surgeon, and pus withdrawn. He opened this thoroughly, exercising care that none of its contents should enter the peritoneum. Two glass drainage tubes were then inserted, one above and one below, in Douglas's cul-de-sac, through which carbolized water could be injected. The patient was placed upon the most nutritious diet, and injections of carbolized water were employed. The tumor diminished in size until it was not larger than the head of a child at birth, and one month after the operation she left the hospital, with instructions to keep up injections of carbolized water. A month later she appeared to be perfectly well, a cyst the size of a goose's egg still remaining, which she drained with perfect ease.

COUNTY OF BRANT MEDICAL ASSOCIATION.—This Association met at St. George, Ont., on the 14th ult. Present :—Dr. E. E. Kitchen, President; Drs. L. Kitchen, Mainwaring, Patten, Davidson, Clarke, Burt, Griffin, Winkel, Kelly, Healy and Marquis. The minutes of the former meeting were read and approved, after which Dr. Clarke exhibited a fibroid tumor of the uterus, which in a case of primipara, had come under his own personal notice and observation, and had been the cause of a fatal flooding. In the post mortem examination he was assisted by Dr. Burt, who corroborated the report of the case.

Dr. Healy then read a carefully prepared paper, on the "Analogies between the Eye and the Ear." The resemblance in the anatomy, physiology and pathology of these organs was brought out in a very interesting manner.

Dr. Griffin urged the affiliation of county associations, with a view to a more intelligent and united action. He also moved, seconded by Dr. Winkel,—"That this Association respectfully request the Medical Council of Ontario to make due enquiry into the cause of the great number of candidates who were rejected at the recent examinations, on account of their failure in surgical anatomy, and if a wrong was done, that it should be redressed."—*Carried*.

The next quarterly meeting will be held in Paris.

**PUBLIC HEALTH.**—The committee of the Ontario Medical Association on Public Health, Medical and Vital Statistics and Climatology, consisting of Dr. Douglass, Port Elgin; Dr. Allison, Bowmanville; and Drs. Playter and Oldright, of Toronto, met at the Council Hall on the 14th and 15th of June. Drs. Covernton and White were also present. It was decided that the best means of fulfilling the functions of the committee was to issue a circular-letter of questions on the above subjects, to the profession throughout the Province.

The compiling of the letter was left in the hands of Drs. Oldright and Playter. They divided the Province into four sections, and are to be assisted by the Vice-Presidents and local Secretaries of each division in their labors.

**MILK FOR INVALIDS.**—In an article in the New York *Medical Record*, Dr. Trask, in discussing milk as food for invalids, recommends that it should be given warm, for the reason that it is much more easily digested by a weak stomach. It is a well known fact that milk is more easily digested after it has been slightly boiled, than when given in its natural state. We are therefore not surprised that Dr. Trask's experience with warm milk leads him to recommend it in preference to the cold article.

**MATRICULATION EXAMINATION, COLL. PHYS. AND SURG'S, ONTARIO.**—The following candidates successfully passed the matriculation examination of the College of Physicians and Surgeons of Ontario, held in April last:—G. L. Johnston, H. Adelbert, Alex. McKillop, J. O. Orr, S. McKee-gan, F. W. Cane, D. Gow, J. H. Armitage, F. Dawson, H. S. Birket, J. R. Logan, J. H. Kilgour, C. Douglas, J. W. Doutery, C. A. Krick, R. W. McKay, J. E. Midgley, H. A. Wright, Elizabeth R. Beatty, D. M. DeCow, D. D. Ellis, H. Graham, J. D. Dow, R. J. Lockhart, J. J. Sloan, W. J. Gwine, A. K. Harvie, C. F. Snelgrove, F. C. Hood, C. J. McIntyre, J. W. Lunnin, K. A. Brown, George McDougall, J. A. Watson, J. C. Bell, H. H. Hawley, A. B. Osborne, A. J. Kippax, E. Hall, J. McDonald, W. McE. Brown, H. C. Cunningham, Agnes Graham, A. E. Stuart, J. F. Thompson, L. Carr, R. D. Hart, H. R. Houcks, G. M. Harrison, A. J. Hunter, A. J. Erratt, A. F. Little, W. C. Cattanaach, O. Totten, S. Morris, T. H. Mott, D. N. Carmichael, W. A. Wilson, S. T.

McConachie, E. B. Robinson, F. H. Powell, H. R. Erskin, W. H. Murray, Wm. Donald, F. Beemer, J. J. Paul, E. J. Eade, A. W. Campbell, Nellie E. Reynolds, G. C. Jones, W. A. Goodall, E. H. Bailey, J. S. Freeborn, W. N. Robertson, W. J. Mitchell, H. J. Mullen, J. E. Brown, Geo. Fierheller, P. A. Dewar, C. Trow, J. R. Phillips, D. Kester, B. S. Shepherd, W. J. Chambers.

**NITRO-GLYCERINE IN NEURALGIA.**—Several cases have been reported recently, where this painful affection has been relieved and evidently cured by nitro-glycerine. One severe case of sciatica is reported, where all remedies had failed and the attending physician was about to stretch the nerve, when nitro-glycerine was suggested to him. The patient was given the fiftieth of a grain four times daily; the relief was almost immediate, and a permanent cure is confidently expected.

**QUININE IN WHOOPING-COUGH.**—It has been found by several microscopists that the cause of whooping-cough is a peculiar fungoid growth, which first germinates under the tongue and then pervades the air passages. Quinine is found to be a valuable antidote by virtue of its well-established power to destroy microscopic vegetable organisms.

**GRINDELIA ROBUSTA IN ASTHMA.**—In the proceedings of the King's Co. Medical Society of New York, will be found an article on the above subject by Dr. T. M. Rochester, in which he speaks very highly of the use of this remedy in the treatment of asthma after an extended trial. The formula which he uses is as follows:

R Ext. Grindeliæ Robustæ fld.  
Syr. Ipecac, aa ..... ʒj.  
Pot. Bromidi ..... ʒss.  
Aquæ puræ..... ʒij.—M.

Sig.—A teaspoonful every four hours.

In regard to its action he considered it primarily as an anti-spasmodic and secondarily as a stimulating expectorant and also a bronchial tonic.

**THE "HAMMOND PRIZE."**—The American Neurological Association offers a prize of \$500, to be known as the "William A. Hammond Prize," and to be awarded at the meeting in June, 1882, to the author of the best essay on the *Functions of the Thalamus in Man*. The prize is open to competitors of all nationalities, and the essays are to be based upon original observations and experiments



on man and the lower animals. The essays must be written in the English, French or German language (Italian handwriting), and are to be sent (postage prepaid) to the Secretary of the Prize Committee, Dr. E. C. Seguin, 41 West 20th Street, New York, on or before February 1, 1882; each essay to be marked by a distinctive device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the author's visiting card. Prize Committee:—Dr. F. T. Miles, Baltimore; Dr. J. S. Jewell, Chicago, and Dr. E. C. Seguin, New York.

**COLOR BLINDNESS.**—The following Act has been recently passed by the Legislature of Massachusetts in reference to this matter:—

1. No railroad company shall employ or keep in its employment any person in a position which requires him to distinguish form or color signals, unless such person within two years next preceding has been examined for color blindness or other defective sight, by some competent person employed and paid by the railroad company, and has received a certificate that he is not disqualified for such position by color blindness or other defective sight. Every railroad company shall require such employé to be re-examined at least once within every two years, at the expense of the railroad company.

2. A railroad company shall be liable to a fine of one hundred dollars for each violation of the preceding section.

**SUBSCAPULAR ABSCESS.**—Two cases of this rare affection are reported in the *Boston Medical Journal*, May 26, '81, by Dr. F. H. Hooper. In one of the cases the abscess opened into the lung and the child coughed up about two cupfuls of offensive purulent matter. Subsequently the lung became very seriously involved and the child died at the end of a fortnight. In the other case the abscess was opened early, and the child made a rapid recovery. Dr. Hooper, in searching the literature of the subject, finds but one similar case reported by Dr. Kwasnickiego, of Warsaw. It occurred in a woman 36 years of age. Deep-seated fluctuation under the scapula was detected and an incision made, giving free escape to the matter, and in two weeks the patient was well.

**SPINA BIFIDA.**—Prof. Thiersch, of Liepsic, recently treated successfully a case of spina bifida by injections of iodine, the formula being potassium

iodide, two parts; iodine, one part; and water, sixty parts. Fifteen minims were injected twice a week, until nine injections had been given, when the tumor was reduced one half, leaving only cicatricial tissue.

**ANOTHER RESECTION OF THE PYLORUS.**—Prof. Billroth has performed another resection of the pylorus, and also burned off a piece of the liver with Paquelin's cautery, which was connected with the carcinoma. Four days after, the patient was doing well.

**PRURITUS OF PREGNANCY.**—Dr. Montrose A. Pallen, of New York, recommends the following, which he claims will always effect a cure, except in those cases depending on trophic nerve causes:—  
R.—Thymol, grs. xv.  
Vaseline, grs. xxx.  
Powdered brick clay, ʒij.  
Sig.—Dissolve the thymol in the vaseline, rub it up with the clay, and apply it to the pruritic parts; wash off every day or two and re-apply.

**A STIMULATING EXPECTORANT.**—In those cases in which chronic bronchitis is associated with emphysema, or in the second stage of acute bronchitis, where the heart is severely taxed, the following combination of remedies will strengthen the overtaxed heart and clear out the air passages—Dr. Fothergill:

R. Am. carbonat. . . . . gr. v.  
Tinct. nux vom . . . . . m. x.  
Tinct. scillæ . . . . . ʒss.  
Inf. serpentar. . . . . ʒj.

M. Sig.—Three times a day.

**ACUTE CATARRH.**—Dr. Bartholow recommends the following in the treatment of acute catarrh:

R. Tinct. iodinii . . . . . ʒss.  
Acid carbol . . . . . ʒj.—M.

Sig.—Place a small, wide-mouthed bottle containing a moistened sponge, in a vessel of hot water; drop five to ten drops of the solution on the sponge, and as the iodine vapor ascends with the vapor of the water, it is inhaled.

**HONORS TO CANADIANS.**—Dr. E. J. A. Rogers, of Grafton, Ont., and Dr. Charles de Heard, of Charlottetown, P. E. I., successfully passed the double examination for L.R.C.P. & S., Edin., in April last. Dr. W. H. Burton also obtained the M.R.C.S., Eng., in May.

CANADA MEDICAL ASSOCIATION. — The 14th annual meeting of the Canada Medical Association will be held in Halifax, N.S., commencing on the 3rd of August, at 10 a.m. Those intending to read papers should notify the acting General Secretary, Dr. A. H. Wright, Toronto, on or before the 15th inst. Arrangements have been made with all railroad and steamboat companies for special rates to those who attend the meeting, and their families. Arrangements have been made for return tickets by the Intercolonial Railway for single fare. Certificates entitling the holders to reduced rates and all other information may be obtained from the Local Secretaries, Dr. Lawson, Halifax, N.S., Dr. P. Inches, St. John, N.B., Dr. G. A. Belleau, Quebec, and Dr. A. H. Wright, Toronto, Acting General Secretary.

SORE NIPPLES. — The following mixture is highly recommended by Dr. Fordyce Barker of New York. If ulceration has commenced it is advisable to stop nursing and paint the nipple with a solution of nitrate of silver, 10 grs. to the ounce of distilled water :

℞ Acidi Tannici. ʒij  
Glycerinæ  
Aquæ Rosæ aa ʒij—M.

Sig—Soak lint in the mixture, and apply to the nipples twice a day.

LACTOPEPTINE. — As the summer months are now upon us, we desire especially to call the attention of the profession to Lactopeptine, as a remedy in cholera infantum. It has now been in use several years, and the uniform testimony is that it is an invaluable agent in the treatment of many children's diseases, and especially in the one above mentioned. It may also be readily combined with any other agent that seems indicated, in any particular case.

The author of "The Heart and its Functions" says : "The skill of one physician over another consists, first of all, in his quickness to perceive which organ he can most readily and most beneficially influence, to the ultimate benefit of its neighbors ; and next in the extent of his armory—the number of weapons, be they drugs or diet, which he has at his command, and the dexterity with which he can command them."

APPOINTMENTS.—Dr. T. L. Brown, of Ottawa, has been appointed Surgeon on the steamship Peruvian. Dr. Farley, of Belleville, has been appointed Surgeon to the County Jail. Drs. L. McFarlane and I. H. Cameron have been appointed on the acting Staff of the Toronto General Hospital, and Drs. Aikins and Wright have been transferred to the Consulting Staff. Dr. R. L. Botsford, of Moncton, N. B., has been appointed Assistant Surgeon of the 8th Cavalry, Westmoreland Co. Dr. W. A. Molson has been appointed on the Indoor Staff of the Montreal General Hospital, and Dr. W. Gardner on the Outdoor Staff ; Dr. Henderson has been appointed House Surgeon, Drs. J. A. McDonald and Mewburn Clinical Assistants, and Dr. James Bell has been appointed Medical Superintendent. Mr. N. C. Smellie, of Bishop's Medical College, has been appointed Clinical Assistant at the Woman's Hospital, Montreal.

Dr. E. A. Gravely, of Cornwall, has been appointed Assistant Surgeon of the Stormont and Glengarry Battalion of Infantry, *vice* Dr. R. McDonald, resigned.

PERSONALS. — The following gentlemen have been delegated to attend the meetings of the British Medical Association and the International Congress in London, Eng.:—Drs. W. B. Geikie, R. A. Reeve, and W. H. Ellis, Toronto ; J. W. Rosebrugh, Hamilton ; Dr. Grant, Ottawa, and Drs. R. P. Howard, Osler and Buller, Montreal.

READY METHOD OF APPLYING HOT FOMENTATIONS.—As a ready method of applying hot fomentations it is advised to place the flannels in the steamer of an ordinary potato steam-kettle. In this manner is avoided the trouble and risk attached to the wringing of the flannel sufficiently dry, under the ordinary method of soaking it in hot water.

CHURCHILL'S TINCTURE OF IODINE.—The following is the formula for this tincture in use in the New York Hospital :—

℞ Iodini resublimed ..... ʒi.  
Pot. Iodidi..... ʒij.  
Aquæ  
Spt. Vini Rect..... aa ʒij.—M.

This preparation is much used by gynecologists for topical application in certain uterine affections.



## Books and Pamphlets.

**THE ILLUSTRATED SCIENTIFIC NEWS.** Published by Munn & Co., New York.

This is an admirable little monthly, devoted to science, handsomely illustrated. It contains valuable and useful instruction for all classes, and is published at the low price of \$1.50 per annum.

**THE BACTERIA**, by Dr. Antoine Magnin, Translated by George M. Sternberg, M.D., Surgeon U. S. Army. Boston: Little, Brown & Co., 1880. 8vo. pp. 227. With plates. Price \$2.50.

This admirable little work will be of great interest to scientific men, professional and otherwise, especially in view of the investigations by Pasteur, Tyndall and others. The text has been materially elucidated by the introduction of several drawings and some beautiful photo-micrographs. The work treats of I. their history, morphology, organization and classification, and II. their physiology, development in general, and development in different media. We strongly recommend the work to any of our readers who may desire to learn just what is known about bacteria.

**DIAGNOSIS AND TREATMENT OF EAR DISEASE.**—By Albert H. Buck, M.D., Aural Surgeon to the New York Eye and Ear Infirmary, etc., pp. 411. Wm. Wood & Co., Publishers, 27 Great Jones St. New York. 1880.

This is a condensed and practical work on the treatment of diseases of a part of the body very often overlooked or unheeded by the general practitioner. The author has given his experience in private and hospital practice of a large number of cases, which can not fail to be of great value to general practitioners. In the first chapters is given a brief sketch of the physiology of the organs of hearing. This is followed by a description of the instruments necessary to examine the ear, and how to use them, and the remainder of the volume is devoted to the pathological conditions of the ear and their appropriate remedies.

**A TEXT-BOOK OF HUMAN PHYSIOLOGY.** By Austin Flint, Jr., M.D., Prof. of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, etc., etc. Third edition; revised and corrected. New York: D. Appleton & Co., 1881. Toronto: Willing and Williamson: Price \$6.00.

This work is already well and favorably known

to the medical profession, and the author has spared no pains in the revision of the present edition, which is fully in accord with the existing state of physiological knowledge. The only objection which can be urged against the work is that it is rather large and unwieldy for general use as a student's text-book, but as a work of reference it is highly to be commended. The author we observe adopts the views, in the present edition, advanced by Bowman, and lately confirmed by Heidenhaim and others with regard to the functions of the Malpighian bodies of the kidneys. He also takes occasion to air his views on the production of animal heat in the body, by the union of oxygen and hydrogen in the formation of water. The latest views on fecundation and the development of the ovum are fully and clearly stated. The work is illustrated with upwards of three hundred wood-cuts, and several lithographic plates.

**THE PRINCIPLES AND PRACTICE OF SURGERY.** Being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M.D., LL.D., Professor of Surgery in University of Pennsylvania. Profusely illustrated. Vol. II. 8vo. Pp. 1,066. Philadelphia: J. B. Lippincott & Co. Toronto: Hart & Rawlinson. Price \$7.50.

The above excellent work on surgery will be published in three volumes, and when completed will be second to none in the English language. The author is a man of large experience, both in hospital and private practice, and he is giving to the profession and to the world the full benefit of his talents. The work is one which the profession in the United States has reason to be proud of, as it reflects the highest credit on American surgery. We will not, we cannot, attempt anything like a review of it; suffice it to say that the author has embodied in this great work, besides the principles and pathology of the subject, a thorough description of all the instruments, appliances and manipulations belonging to surgical treatment.

## Births, Marriages and Deaths.

At Napanee, on the 17th ult., Dr. W. T. Stuart, Professor of Practical Chemistry in Trinity Medical College, Toronto, to Margaret B., daughter of Rev. H. Gibson, of Lachine.

On the 8th ult., Dr. J. A. Gregory, of Fredericton, N. B., suddenly.

On the 14th ult., Dr. George Burnham, of Peterboro', in the 67th year of his age.

# THE CANADA LANCET,

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## Original Communications.

### RENAL CIRRHOSIS—WITH SPECIAL REFERENCE TO ITS LATENCY AND TO SUDDEN, FATAL MANIFESTATIONS OCCURRING IN ITS COURSE.

Being a Clinical Lecture delivered May 28th, 1881, in the Summer Session Course, by WILLIAM OSLER, M.D., M.R.C.P. Lond., Professor of the Institutes of Medicine, McGill University; Physician and Pathologist to the Gen. Hospital, Montreal.

*Stenographical Report by S. A. Abbott, Esq., of the "Hansard" Staff.*

GENTLEMEN,—I speak to you to-day upon renal cirrhosis, or chronic interstitial nephritis.

The various modes of onset of disease constitute an exceedingly important and interesting subject of study. You know that one of the very first questions we ask a patient is, how did the disease begin? The answers got to this question are very varied. One patient will say, it began suddenly; I was feeling quite well; it came on with a headache; I got feverish; I had a pain in my back; I was taken with vomiting; and various other answers, all of you have, no doubt, received in ascertaining the clinical history of cases. In another set of answers the patient will tell you that he cannot fix definitely the commencement of the disease; that he has not been feeling very well, but cannot state the precise time at which the failing health began.

Now I wish to call your attention in this particular affection to its remarkably stealthy method of onset. There is no disease with which we are acquainted which comes on so insidiously and so stealthily. Indeed, its victim may know nothing whatever of the existence of any grave disease until he is prostrated by one of its severe accidents to which I shall shortly refer. It is this insidious course which makes it at once an exceedingly for-

midable affection and one worthy of your closest attention.

The patient before you offers a very good example of the disease in question, and has many of its most characteristic symptoms. I will read to you a concise clinical history of his case as obtained by Mr. R. J. B. Howard:—

E. L., æt. 31, sailor, large, strongly-built man, admitted May 18th, with headache, vomiting, and partial blindness. Has been a healthy man; a beer drinker and has occasionally gone on "sprees." Has had bubo; no evidence of secondary syphilis. Two years ago lost his nose from frost-bite.

When coming across on his last voyage, about 12 days ago, had a slight pulmonary disorder; the doctor called it inflammation. A week ago he had swelling and inflammation at inner canthus of right eye from lachrymal abscess. During these attacks he had headache, and latterly the feet have been swollen. On the 17th, the headache became much worse and partial blindness came on. Vomiting had been present for several days.

Condition on examination was as follows:—Well nourished man, good complexion, complains of headache and blindness, cannot see fingers six inches in front of the eye. Has perception of light. Pupils of medium size, respond to light, but there is a peculiar dull look about the eyes. Dr. Buller reports, "optic discs somewhat hyperæmic and indistinct at margins, nothing abnormal, retina present. Headache is general. Vomited last night and this morning. Bowels are freely opened. Tongue a little furred. Temperature normal. Chest well formed; apex beat half an inch outside the nipple line; impulse slow, heaving and forcible. Pulsations 60 per minute. Heart's dulness slightly increased. On auscultation, no murmur; sounds loud and distinct. There was nothing of special note in lungs. Examination of abdominal organs negative. Urine clear, light colored, sp grav. 1009, acid, contains a moderate amount of albumen and numerous pale casts. Radial artery feels firm, pulse hard and strong, tension greatly increased."

The patient improved very rapidly. On the 20th he could count fingers, but could not see to read. The amount of urine passed has been estimated, and found to be about 100 ozs. daily. Urea diminished, only 299 grains for the 24 hours. The headache has gradually disappeared and the



vomiting is now checked. The feet are not swollen. The state of the urine remains unchanged. The circulatory symptoms persist; the high degree of arterial tension which exists is well shown by this sphygmographic tracing which I hand round.

Summing up the chief symptoms which this man had, they were: headache, vomiting, and disturbance of vision. These were the symptoms he complained of; but the symptoms which we discovered, and of which he had no knowledge, were—that he was passing nearly double the normal quantity of urine, that it was albuminous and contained hyaline and finely granular casts; that his heart was hypertrophied; that he had increased arterial tension, and that there was slight dropsy of the feet.

This latter group of symptoms which I have mentioned, excluding altogether those he complained of when he came in, is alone sufficient to enable you to frame your diagnosis of the disease, particularly if they occur in connection with slight degrees of dropsy. There may be exceptions, but in the great majority of cases they will be sufficient for your purpose. The affection which is indicated by them is one of the forms of chronic Bright's disease. The three varieties of this disease, characterized according to the special morbid condition of the kidneys, are: first, that associated with the large white kidney; second, the form associated with the waxy kidney; and third, the form associated with the contracted kidney. It is the latter which this man suffers from.

Now in this disease the condition of the kidney is shown in the description of these organs from the girl who died in the hospital ten days ago, and the post mortem on whom most of you saw. Firstly, the kidneys are reduced in size. Secondly, on stripping off the capsule, you find it is thickened and opaque. Thirdly, the surface of the organ, instead of being smooth, presents a number of irregular nodular projections, or granules, large and small,—hence the term granular kidney. In stripping off the capsule, portions of the kidney substance adhere to it. Fourthly, on section, the organ cuts with great resistance, and it feels tough and hard. Fifthly, on examining the organ, you find that the cortical substance is greatly reduced, forming a very narrow zone above the pyramids. In some places the pyramids approach to within a line or a line and a half of the surface. Sixthly, the arteries are noticed to be unusually distinct,

particularly those at the bases of the pyramids, and they often project above the level of the substance. Small cysts are also common, but they are not seen in this specimen. The color of the organ, in this special instance, was pale and not reddish. The pyramids were reddish, but the general color of the organ was pale grey. These are the coarse features of the kidney in this form of Bright's disease.

Microscopically, as you will see in a section taken from this organ, the chief characteristic is an enormous increase in the fibroid elements of the organ. In a healthy kidney there is only a very small amount of fibrous tissue between the tubules, around the Malpighian tufts, and about the arteries of the organ. The amount is so small that Dr. Beale, one of the leading histologists in England, denies the presence of a special fibroid framework of the kidney. But in this affection you will see that between the tubules, there is a large amount of a new growth of fibrous tissue. The tubuli uriniferi, instead of being in close apposition, are separated from each other by distinct zones of fibrous tissue, and the Malpighian bodies are also surrounded with the new growth. The arteries are much thickened, both in the adventitia and in the muscularis. The condition of the renal epithelium in the tubes varies a good deal. In some tubules you will find it healthy looking, in others it is degenerated, granular and fatty; so that in reality the essence of the process is, just as in the case of the fibroid lung of which I spoke to you the other day, and as in the case of the fibroid liver, an overgrowth of the connective tissue of the organ. This produces atrophy of the secreting structure, and impairment of the function of the gland.

Associated with the small, contracted kidneys you have a remarkable condition of the circulatory system. The arteries of the body are thicker and firmer than is natural, particularly the smaller ones. There is usually atheroma in the larger vessels. With reference to the special change which goes on in the smaller vessels, there is still a great deal of dispute. Drs. Gull and Sutton believe that the change is chiefly in the outer coat. They call this degeneration arterio-capillary fibrosis, a fibroid change in the small arteries and capillaries. Dr. Johnson believes that the change is chiefly in the middle coat, resulting in hypertrophy of the muscular elements. Drs. Gull and Sutton hold that

the changes in the arteries and the changes in the kidneys go on simultaneously, and are both the expression of a common cause; whereas other writers think that the changes in the arteries are secondary to the changes in the kidney. In addition to these muscular changes, the heart is found hypertrophied, more particularly the left ventricle. It is increased in thickness and the muscular walls are hypertrophied. Thus, cirrhosis of the kidney, arterial degeneration, and hypertrophy of the heart, are the three main pathological features of this form of Bright's disease which you meet with in a post mortem.

The hypertrophy of the heart, which is a very constant symptom, is supposed by Traube to be due to the increased difficulty with which the blood circulates through the kidney, owing to the destruction of a large number of Malpighian tufts. It is, according to this view, a compensating hypertrophy, that is to say, hypertrophy makes up for the destruction of a considerable vascular area in the kidneys. Others think that the hypertrophy is the result of chronic changes in the arteries, in which the arteries of the kidney participate. Bright's view with reference to the hypertrophy of the heart was, that the blood in kidney disease not being so pure as in health, did not circulate through the capillaries of the body with the same facility; hence the need of the heart to increase its force of contraction in order to propel the blood.

A knowledge of the condition of the heart and arteries is a key to explain many of the symptoms of this form of kidney disease. Thus, one of the remarkable features of this disease, remarkable in contrast to the other varieties of Bright's disease, is the large amount of urine secreted. This man has been secreting double the normal amount of urine. This would appear to be due to the hypertrophy of the left ventricle, and to the increased blood pressure within the arteries. You know how much the watery part of the urine depends upon vascular pressure. As a rule, the greater the blood pressure within the renal vessels, the greater the amount of water which is filtered through the Malpighian tufts. Though there is a great destruction of these tufts in renal cirrhosis, still the compensating hypertrophy of the heart is not only sufficient to counterbalance their loss, but even so to increase the pressure in the remaining tufts that a larger amount of urine is filtered off. That this is the

case is shown by several circumstances. In the first place, if you keep a patient with this form of kidney disease absolutely at rest the amount of urine diminishes. This fact has been established by Bartels after several very careful observations. At rest the blood pressure is not so great as when the patient is moving about, as the pulsations of the heart are not so forcible. Then, so soon as hypertrophy of the left ventricle begins to fail, when degeneration comes on, the amount of urine diminishes while its specific gravity increases.

Among the most remarkable symptoms of chronic Bright's disease, are those which come under the heading of *uræmia*. This term was first used when the symptoms grouped under it were all believed to be due to the poisoning of the blood with urea. That view has now been considerably modified, but the old term which embraces these symptoms is still retained. I shall not speak fully with reference to the supposed causes of *uræmia* further than to mention that some still suppose it to be caused by the retention of urea; others, that it is due to the presence of carbonate of ammonia in the blood. A third view is that it is neither of these substances, but those bodies which we call the antecedents of urea, creatinin, tyrosin, &c., the various nitrogenous excreta, or the products of the waste of the tissues. A fourth view is that these symptoms of *uræmia* are due to *œdema* of the brain.

Now, among these manifestations of *uræmia* some are trifling and others are exceedingly grave. Among the minor manifestations may be mentioned those which this patient has suffered from—headache, vomiting and impairment of vision. The more severe symptoms are convulsions, delirium, coma, sudden *œdema* of the lungs or of the glottis, inflammation of a serous membrane, pleurisy, pericarditis and meningitis. This patient before you has only suffered from the minor manifestations of *uræmia*, but I would like you all to have this case fully impressed upon your minds, particularly with reference to what I am going to tell you later as to the insidious nature of this disease. You remember that when we first saw this man we did not think of any kidney trouble, but from his symptoms and appearance that he most probably had some cerebral disease. When I first saw him on the day of his admission my first thought was that he had probably cerebral syphilis, mistaking the ragged condition of his nose for an effect of



lues. He had the vomiting, the headache, and the disturbance of vision, three important symptoms of intra-cranial mischief. I would direct your attention specially to the disturbance of vision inasmuch as it is an important symptom, and you will probably not see this form of visual disturbance for some time again. It is what is known as *uræmic amaurosis*. I mention it because I wish you to distinguish it carefully from another form of impaired vision common in chronic Bright's disease, viz., *retinitis albuminurica*. In *uræmic amaurosis* the cause of the impairment of vision is cerebral. The examination of the retina is negative. Its clinical features may be briefly summed up in the rapidity of its onset, the shortness of its duration, and the quickness of its departure. It rarely lasts any length of time—in this man only three days—whereas in the *retinitis albuminurica*, the impairment of vision comes on slowly, the cause is peripheral, and there is a definite lesion in the retina, chiefly seen about the macula, in the form of small hemorrhages, and with these there is usually some swelling of the disc. In this form the impairment of vision comes on slowly and is rarely so severe as in the *uræmic amaurosis*.

But that to which I wish specially to call your attention to-day—and I am sorry to have had to take up so much time in clearing the ground—is the fact that *these severe symptoms of renal cirrhosis may break out in all their violence in an individual who may consider himself in perfect health, and who may be so considered by his friends, and even by his medical adviser, if the latter has not carefully examined into his case*. The case of the patient who was admitted under my care on the 7th of May, and who died after a residence of two days in the hospital, has directed my attention to certain points in connection with the insidious course of cirrhosis of the kidney.

*The first manifestation of the disease may be the onset of severe cerebral symptoms, convulsions, delirium or coma.*

Cases in point are as follows :—A friend of mine, aged 30, a fellow student, and a man whom I had known since 1863, a graduate of McGill College, a strong healthy man, and in active practice, was suddenly seized with convulsions which came on at night with few, if any, premonitions. The day previous to their onset he had done his work as usual and appeared to be, as his wife expressed it,

"in radiant health." The examination of his urine by the attending physician showed the presence of albumen and tube casts, and the diagnosis of chronic Bright's disease was made. He became comatose and died in a few days. I saw him a few months before his death and he looked in his usual vigor. He made no complaints of failing health nor were any alterations perceptible on his countenance. Six or eight months before he had had considerable domestic and mental trouble, owing to the sudden death of his father, and he had not been well for several weeks at that time, but apparently had recovered completely. He had no idea whatever that he was in this dangerous condition. It is to be noted that prior to this attack he was a good deal worried and anxious about his children who were ill.

The first manifestation may be delirium passing on to coma. That was seen in the patient named Weir who was admitted on the 7th of May. I will briefly call your attention to the main features of his case.

This patient was a vigorous and healthy man, aged 44, a foreman in G. T. R. employ. Habits temperate for past ten years, previously had been a drinker. Had been in usual health, but had complained of headache, and his wife stated that he had passed water more frequently of late. On May 6th he was admitted with an active delirium which had come on suddenly 36 hours before. Urine found to be albuminous and contained granular casts. The symptoms were regarded as *uræmic*. He became comatose on the 7th, and he died at 2 a.m. on the 8th, after an illness of a little over three days. A point to be noted in connection with this case was that the patient had had a great deal of mental worry at the time as a strike was going on. *The post mortem* did not reveal extensive renal cirrhosis, as was anticipated, for the kidneys, as you see, are not reduced in size and do not present the external characteristics of interstitial nephritis, but they were firm, and on microscopical examination there is evidence of a chronic nephritis. The arteries are thickened, some of the Malpighian tufts are degenerated, and there is an increase in the fibrous tissue about the capsules. A fact to be learned from this case is that severe *uræmic* symptoms may develop at a very early stage in renal cirrhosis, even before the characteristic contraction of the

organ occurs. This is, of course, very uncommon, but that it does take place is evident from this case.

The third case illustrating the suddenness of the onset of cerebral symptoms in this disease was that of the girl who died about ten days ago, and from whom these kidneys were taken. She was 26 years of age, and up to the time of her admission to the hospital had not suffered from special symptoms of kidney disease. She came in suffering from headache, vomiting, and hæmorrhage from the nose, uterus and navel. She got dizzy, had convulsions, became comatose and died. The urine was albuminous and contained casts. The condition of the kidneys was as you now see in these specimens. The occurrence of hæmorrhage is worthy of your attention, as it is occasionally seen as one of the severe symptoms in Bright's disease. In the case of this patient it is also worthy of remark that she was friendless and had been ill-treated for years. These three cases will serve very well to illustrate the fact which I wish particularly to impress upon you, namely, that severe uræmic symptoms may be the very first manifestations to the patient, to his friends, or his physician of the existence of kidney disease.

The importance of a knowledge of these facts is also very evident from a consideration of the medico-legal aspect of such cases. You may be called to attend a man in a profound coma, who has been stricken down suddenly without any premonition, and while attending to his business, and he even may die in three or five hours under circumstances at first suggesting narcotic poisoning.

*The first manifestation may be an apoplectic seizure.*

In October, 1879, one afternoon as I was going down stairs prior to my lecture at the College, one of the veterinary students, aged about 25, while coming in through the side entrance, was taken with apoplexy before my very eyes. He leaned against the wall and stated that he was powerless in his left side. We helped him into the waiting-room, and from the suddenness of the onset I supposed at once he must have heart disease and apoplexy. On placing my ear on his chest I perceived a pronounced, heaving impulse of the heart but no murmur. There was marked cardiac hypertrophy. By the time we got him to his boarding house the paralysis was complete on the left side; he had lost consciousness and was becoming comatose. He

was taken to the hospital and we examined his urine, which was clear, albuminous, and contained numerous casts. The arterial tension was increased. He died in 24 hours. That young man had never suffered from any special symptom pointing to renal disease. He had been attending to his work as usual, though he had never been very strong, and on several occasions I looked at him thinking he might have some constitutional disease. He did not look healthy, but the only things he had complained of, had been occasional headaches and palpitation of the heart, and so far as I remember he had not consulted a doctor.

Another case in which the first severe symptom of renal cirrhosis was apoplexy occurred under Dr. Ross' care two years ago in 23 Ward. A woman came in with hypertrophy of the heart, high arterial tension, albuminous urine, and casts, finely granular in character. Cirrhosis of the kidney was diagnosed, and she was placed under suitable treatment. Three days after admission to the hospital she died in two hours with an enormous apoplectic effusion into the brain.

The arterial degeneration in this affection renders the vessels fragile, and the powerful contraction of the hypertrophied left ventricle is a source of constant danger. A large proportion of all cases of apoplexy occur in connection with contracted kidneys, owing to the existence of these two factors.

*A third way in which this disease may declare itself is by inflammation of some serous membrane, the pericardium, the pleura or the meninges of the brain.*

A case which early called my attention to the insidious nature of this disease was the following:—A florid, full-blooded Englishman, an old sailor, aged 63 years, who had usually enjoyed excellent health, though he had occasionally, I believe, suffered twinges of gout, was suddenly seized with symptoms of an acute febrile affection, had high fever and considerable constitutional disturbance. To make a long story short, he died at the end of four days of acute sero-fibrinous pericarditis. He had a large exudation in the pericardium. The only other disease found in his body was fibroid kidneys, perhaps of gouty origin, as gout may be a very important factor in the production of this disease.

*The fourth sudden manifestation in this disease to which I will direct your attention is œdema of the glottis, or more frequently of the lungs.*



Three years ago an old man was brought from the House of Refuge to the Hospital, suffering from intense dyspnoea. On examination of the lungs hydro-thorax of the left side and œdema of the left lung were diagnosed. He refused all treatment, and died within 36 hours of his admission. The *post-mortem* revealed small contracted kidneys, intense œdema of the left lung and hydro-thorax of the opposite side. The effusion and transudation of serum takes place sometimes into the pleural cavity and sometimes into the lungs. In this case there were no adhesions on the left side, while in the other side there were extensive adhesions and the transudation took place into the lungs. There was no œdema of the legs in this instance. The urine was albuminous and there were casts.

An interesting point in connection with the occurrence of this œdematous effusion is the fact that Traube attributed the uræmic symptoms in this disease to the serous transudations, and the post mortem of the man Wier favors this view, as there was considerable œdema of the membranes of the brain and a good deal of moisture throughout the substance.

These are certain of the modes of termination of cirrhosis of the kidney with which you should be acquainted and which it is exceedingly important you should bear in mind.

Now, among other symptoms which I will only mention in connection with this chronic form of Bright's disease, there is the occurrence of a dyspnoea, uræmic asthma, without evidence of œdema of the lungs or chronic bronchitis, dependent upon cerebral causes. It is of rare occurrence, but it is a condition which you should bear in mind. The bronchitis, the vomiting, and diarrhoea are also symptoms to which I will not further refer.

The importance of a knowledge of these symptoms and these sudden manifestations in renal cirrhosis cannot be over-estimated. I have had two life insurance cases referred to me within the past few years, both of which bear directly upon this question. In one the patient had an Accident Insurance Policy. He fell on the ice and was stunned; felt unwell for some days, but did not see a doctor. Three or four months after, I forget the exact time, he was seized with apoplexy. The post mortem revealed contracted kidneys. The question was brought up as to the connection of

the accident with the subsequent event. My opinion was asked, as the friends had some idea of contesting the case in the courts, but the existence of renal cirrhosis was to my mind quite sufficient to account for the apoplexy.

In the other, a middle-aged man had insured his life about seven months before his death, which took place quite suddenly. The autopsy disclosed very great atrophy of one kidney and a large red state of the other. No very satisfactory report was obtained of the state of the other organs, and the actual cause of the sudden death remains doubtful. But I have no doubt whatever that it was connected with the condition of renal inadequacy. My opinion was asked as to the possibility or probability of this man not being aware that he was unsound at the time of insuring. After the cases which I have narrated, illustrating the latency of chronic renal disease, you need not ask what my answer was. From the point of view of life insurance, there is no disease about which a company should be more on its guard. Its peculiar insidiousness will have become evident to you by the cases I have cited. The stealthy nature of the disease is increased by the fact, that albumen is not constantly present in the urine. A single examination is not sufficient to enable you to state positively upon its presence or absence, and it is often very slight in amount; and though you may examine for casts, you may go over a dozen slides before finding one.

A patient may come to you who is passing a large quantity of urine, so that he has to get up, perhaps, two or three times in the night (that may be what he comes to complain of); the urine is of low specific gravity and contains albumen—perhaps only in traces. The daily amount of urea is decreased. It deposits, not a thick heavy sediment, but a light cloudy one, which on examination is found to contain hyaline and finely granular casts. There may or may not be œdema of the ankles. If you also find on examination that his heart is hypertrophied, that the arterial tension is increased, you may be tolerably positive with reference to your diagnosis—the man has fibroid degeneration of the kidneys. To be forewarned in such a case is to be forearmed, and a knowledge of what you may expect in these cases will enable you to take measures for the prevention, if possible, of the severe manifestations of which I have spoken. If a patient comes before you with these

symptoms, you should see that the amount of his urine is kept up, and on no account allow it to diminish; that his pulse is kept thoroughly well regulated, and that he lives a quiet regular life and does not go to any excess in eating or drinking.

The treatment of the affection is in great measure a treatment of symptoms. Acting with cathartics upon the bowels and keeping the amount of urine up to the standard, are among the most important means to be taken.

NOTE.—June 7th. The patient who was shown to the class on the occasion of the above lecture was recently discharged, feeling as he expressed it quite well. He was still passing about 80 ounces of urine in the day, with albumen and a few casts. He looked well, fit for life insurance, and would pass in many examinations such as I have witnessed. Yet I know of no more likely candidate for sudden death than this same patient, who has the sword of Damocles hanging over his head, ready to fall with fatal effect when the tiny hair which suspends it is suddenly broken by the onset of convulsions, or one of the other accidents to which such patients are liable.

### ELEPHANTIASIS.

BY T. T. S. HARRISON, M.D., SELKIRK, ONT.

(*Read before the Ontario Medical Association.*)

This case which I bring before you with some doubt and hesitation, I have called elephantiasis. It has this characteristic of that disease, that the affected limb is enormously enlarged. It differs, however, from the typical elephantiasis in the absence of the thickened, indurated tuberculated and cracked integument.

Patient, aged 20., Canadian, born of German parents. Parents, and brothers and sisters, healthy; the mother's family consumptive; the maternal grandmother died of cancer.

J. A., at birth was healthy; a very large, fine, child. At the age of two and half his mother noticed that one leg was growing faster than the other. I first saw the boy when about three years of age. I then found the left leg decidedly the longer. The right was normal in contour, while the left was not only longer, but larger and abnormal in shape; the skin hung loosely and it had a

soft, doughy feel, was largest at the ankle, and had no bulge or projection at the calf. I gave the opinion that there was arrest of growth in the right leg, but had to say that the left had some peculiar affection of the soft tissues at least. The mother said that other medical men had given the same opinion. The child was merely treated for his general health.

I saw the child occasionally as I attended other members of the family, for several years. The size and length of the limb increased so rapidly, that there was soon no doubt as to the abnormal growth of the tibia and fibula.

Some seven years ago, when about thirteen, I exhibited the boy at the meeting of the County of Haldimand Medical Association. At this time, the disease which at first was confined to the legs, had invaded the thighs; there was enlargement above the knee, and the femur was some  $\frac{3}{4}$  of an inch longer than its fellow. The patella was broader, thinner, and flatter than natural.

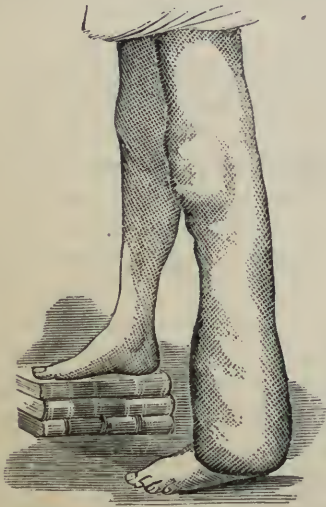
Then the entire limb was, I think nearly, or quite five inches longer than the right. The weight of opinion was against surgical interference, though amputation, resection of the bones of the leg, ligation of the femoral artery, division of the nerves, etc., were mentioned. For some years, until he was about eighteen, the deformity increased, but the mother thinks it is now stationary; she, at least, has not to increase the size of his stockings since that period.

You see the state of the limb to-day. The enlargement has extended up the thigh. The femur is nearly two inches longer than its fellow. The circumference above the knee is four inches greater than that of the right, while the circumference at the ankle is 13 inches greater than that of its fellow (the right leg  $8\frac{1}{2}$ , left,  $21\frac{1}{2}$  inches.) This size (at the ankle) would be increased, were he to keep long on his feet, and diminished after his night's rest.

In the cut you will observe the right foot rests on some books. These, though they do not bring it to a level, are  $5\frac{7}{8}$  (five and seven-eighths inches high.) The femur is bowed, so as to take nearly, or quite an inch off its length. It is increased in size and altered in shape, the spine at the shin entirely absent. The skin is soft, and with the tissues it covers, has a soft, flabby feel. The hairs on the affected parts are very



much elongated, the skin in places dark coloured, and the inguinal glands on both sides, greatly enlarged. The eyes are rather prominent, and show a large amount of peculiarly white and glistening sclerotic.



The boy works on a farm, and though he tires rather easily, has never been seriously ill. It has been suggested that it might be of syphilitic origin. His parents are very quiet farmers, who, from extreme youth, have always resided in a rural township, where it would be almost impossible to find a case of syphilis in a generation. They never visit towns or cities, and I should feel safe in saying that if syphilis is a factor in the case that it was contracted as far back as the grandparents of the patient.

## ON THE TREATMENT OF ASTHMA.

BY G. L. MACKELCAN, M.D., HAMILTON, ONT.

*(Read before the Ontario Medical Association.)*

This paper is written with the object of showing the beneficial effect of chloral hydrate in the treatment of asthma. Asthma is a disease marked always by a certain amount of periodicity in the attacks of dyspnoea, and may be divided into the three varieties of cardiac, dyspeptic, and bronchitic, the latter form being the most common. \*

Taking for a theoretical basis the idea that the attacks originate from some peripheral disturbance

of some branch or branches of the pneumogastric nerve, which is communicated to the nerve centre, and that the attack could be arrested by paralyzing the nerve centre, as it were, the paroxysm could be cut short, and if cut short, the habit would ultimately be broken up, I thought that chloral hydrate would have the desired effect. The first case that came under treatment was an old standing one of thirty years, of the cardiac variety. This old gentleman had been subject in the first years of the disease to violent periodical paroxysms, but latterly it had become almost continuous, so much so indeed, that he had not lain down in bed for some months. The remedy was given in 3i doses at first, as I presume it was by most of us, when it came into use. The dose was then gradually decreased until five grains, three times a day, were taken. The effect of the treatment was such, that in a very short time, he was greatly relieved of his asthma, and at the end of six months he was entirely free from it. He lived for ten years afterwards and never was troubled with it again, although living in the same neighbourhood. He told me that he gave my prescription to others suffering from the same disease in his locality, and that it entirely relieved them.

The next cases treated were four members of the same family. I had treated the father for some time on the old plan that I had been accustomed to, but with only temporary relief. As soon as he began the new treatment with chloral hydrate he began to improve, and after three months he had no return of the disease. Sometime afterwards the mother came for treatment for the same disease and in her case I believe she never had a subsequent attack. About two years after, the son and daughter came to be treated for the disease and were well enough to discontinue the remedy, one in three and the other in six months.

The next case was that of a lady whom I had treated for asthma for twelve years, with very unsatisfactory results. On commencing the treatment by the then new remedy, she obtained six or eight hours sleep, during which the breathing was tranquil; but as soon as she waked, the difficulty returned in full force. She continued the treatment for some years with the above-named effects, but ultimately died from the disease.

The next case was that of a middle-aged woman whose asthma was evidently due to dyspepsia. She

was always relieved at once of the attack, but some error in diet would bring on an attack at any time; as I lost sight of her I presume she was not cured.

Next comes the case of an elderly lady whom I saw in consultation. The same treatment relieved her entirely from the spasmodic attacks, but she never regained her normal breathing on account of extensive emphysema. In this case and subsequently the dose of the medicine was reduced to one scruple or 5ss, to be repeated if necessary.

Then comes the case of a young man, aged twenty-two, with his first attack which was fully established before treatment was commenced. In his next attack about three months after, it was broken up at once and he never had another, and that is two years ago.

Still another young man of twenty-three who had suffered from chronic bronchitis for a year, had a violent attack of asthma, which gave way to the treatment at once, and for a year he was free from both bronchitis and asthma. At the expiration of the year he had another paroxysm which was soon broken up and he has not had another since.

Again, with regard to the disease in young children, when the diagnosis is made out, which is not always easy, the effect of the treatment has been very remarkable. Four cases from three to ten years of age, treated by from six to twelve grains have been completely relieved from any further attacks. Asthma having been considered quite incurable from my own former experience and that of others, and all the known remedies appearing to give only partial and temporary relief, I was pleased at finding a majority of cases (11 in 14) cured, and the others relieved to a certain extent.

DISCUSSION.—Dr. Geo. Wright, Toronto, said he had become satisfied, from what he had seen himself, and what had occurred in the hands of other practitioners, that the drug was a very formidable one, and required extreme caution in its use. There might be some forms of asthma in which it would be useful, but in long-standing cases, where there was invariably some form of impaired heart action, he thought it very questionable practice to give chloral in doses as large as were recommended by the reader of the paper. He then referred to several cases in which comparatively small doses had produced fatal consequences, and expressed his belief that more than

15 grain doses were rarely safe, and said that, in many cases, he would not venture to give even so much. In reply to a question by Dr. Workman, as to the danger of acquiring the chloral habit he said he had no experience.

Dr. Oldright, Toronto, said that we had not been so heroic in Toronto as they had been in Hamilton, as we only gave 20 to 30 grains at first, so far as his observation had extended. He had found benefit from belladonna, ether, and ammonia, and possibly also from grindelia robusta, in asthma.

Dr. Madill, Alliston, thought that the remedy was a dangerous one, owing to the uncertainty of the strength of different preparations. He himself had been almost a victim to that uncertainty, and in country practice he would almost discard the use of the drug. He recognized its utility and power in certain cases, but thought that others would not meet with the same success that Dr. MacKelcan had done. He himself had found no difficulty in leaving off the drug.

Dr. Bowlby, Berlin, had followed this treatment with satisfaction and success. Dr. Geikie, of Toronto, approved of the treatment in certain cases. He had had some experience of the formation of the chloral habit, but thought the danger was not great.

Dr. Sloan, Blyth, remarked that a distinction ought to be made as to cases which were complicated with valvular insufficiency. Chloral was not likely to prove curative in those cases, although of great value as a palliative. For himself, there was no other drug in which he had the same confidence in asthmatic cases. As respects the chloral habit, he had seen cases using it one, two, and three years, and had no difficulty in discontinuing its use. With reference to Dr. Madill's remarks he would say, that he would as soon discontinue morphia, because some untoward results had followed its use, and that the physician who discards chloral, neglects a valuable remedy, for which in some clinical conditions it will be difficult to find a substitute.

#### LOCAL APPLICATION FOR CHILELAINS :—

Rx. Acid carbol.....3j  
Tinct. iodini.....3ij  
Acid tannici.....3ij  
Cerat. simp.....3iv.

—*Med. Brief.*



## ABSCCESS OF THE MASTOID CELLS FROM THE USE OF THE NASAL DOUCHE.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

(Read before the Ontario Medical Association.)

(The patient was introduced, and an opening in the left mastoid bone was seen to communicate with the mastoid cells. Inflations of the Eustachian tube caused a suppurative discharge to make its appearance at the opening.)

The history of this case is briefly as follows :—

Edward K., aged 19, has had chronic nasopharyngeal catarrh for four years. Two years ago he was advised by his physician to use the nasal douche. Since then he has used it occasionally—using about a teaspoonful of table salt to a pint of warm water. On the 21st of May last, while using the douche, he felt the solution enter his left ear. On the 22nd he felt very weak, but he had no pain. On the 23rd pain commenced in the left ear, and on the 25th spontaneous perforation of the drum membrane occurred, with copious discharge of a dark sticky fluid from the middle ear. The pain continued, however, notwithstanding a copious discharge, and extended over that side of the head, which was not relieved by leeching and hot fomentations. There was also vertigo and pain down the back and lower limbs. On the 28th there was some œdema of the lining of the external auditory canal, and on the 30th, slight tenderness over the mastoid bone. An operation was then decided upon, and on the evening of the same day, or nine days after the accident, he was placed under chloroform, a free vertical incision made about half-an-inch behind the auditory canal, and an opening about  $\frac{1}{8}$  of an inch in diameter was made through the bone into the antrum by means of a drill. This gave exit to a large quantity of purulent fluid, and gave the patient immediate relief. This is the tenth day after the operation and the case, as you see, is now doing well.

The nasal douche, as you are aware, is very extensively used in the treatment of nasal catarrh, and I introduce this case for the purpose of calling attention to the need of greater care in its use. It is true that very few cases of abscess of the mastoid cells from the use of the nasal douche have been reported, but cases of suppurative inflammation of the middle ear from this cause are not un-

common. When a fluid under pressure enters one nostril, the soft palate is elevated by reflex action, and if there is no obstruction the fluid passes out of the opposite nostril. If the pressure is slight, there is very little danger to be apprehended; but if the hydrostatic pressure is considerable, as is the case when the reservoir containing the solution is higher than the head, and if there is also some obstruction to the free exit of the fluid there is great danger of the solution passing up the Eustachian tube into the ear, and perhaps also, as in this case, through the antrum into the mastoid cells.

Let me emphasize the precaution, that when the nasal douche is used, first, the forehead should not be inclined forward; second, the bottom of the reservoir should not be higher than the eyebrows; third, the orifice of the nose-piece should not be large, and fourth, special care should be taken to see that no obstruction exists in either nostril.

## Reports of Societies.

### NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The above-named Medical Association held its regular meeting at Campbellford on the 8th of June. The President, Dr. Burritt, of Peterboro, occupied the chair. The minutes of the previous meeting were read and confirmed.

Dr. Byam, of Campbellford, presented a patient with "Hemiplegia," an intemperate farmer, aged 35, who was otherwise well and had been in town the previous evening. Four weeks ago he felt a numbness over the left side, which deepened to complete one-sided palsy during the day. No known injury, although there may have been such. There was no impairment of consciousness at first nor since. He had aphasia for the first five days. The mouth was drawn up and the tongue protruded to the left side. The pupils were equal and not dilated; no ptosis. The left armpit was for the first three days one degree hotter than the right, which was normal. He has dysphagia, which is rather on the increase, and he complains that he cannot readily hawk mucus from the throat. There is no cough and no pain. The heart is normal. He has gradually improved under treatment until he can now almost walk alone. The leg has improved most. A discussion arose as to its origin, especially whether embolic or apoplectic. The latter opinion prevailed.

Dr. Byam also presented a case of "Sciatica" of eight years standing. The patient was 30 years of age, and had been under his treatment for ten months. The treatment had been very various. The results so far were not very encouraging. He is never free from pain, although almost so at times. After a turn of improvement the old pain would return violently and suddenly. The motions of the hip joint are perfect, but the pelvis of the side affected is tilted up so as to give the appearance that the limb of that side is shortened. There is a double curve in the spine which is not tender, and this curvature gives the trunk a distorted look when walking, which is managed with difficulty. When almost free from pain he walks perfectly well, and all deformity disappears to reappear with the recurrence of pain. His sister is similarly affected on the other side, and a half brother on the same side, but neither of these have much or any pain. Their common father is undoubtedly rheumatic. The actual cautery has been well applied over the sciatic nerve on two different occasions without any relief. The pain is worse at night, and is then in the region of the great trochanter. He requires an anodyne twice a day by the hypodermic method. Ether has also been injected. In the ensuing discussion suggestions were made of ammonia baths, nerve stretching, chloroform injections, alkalies and colchicum. Alkalies had been given a fair trial already. Dr. Byam also referred to a case of "Floating Kidney," which had come under his notice.

Dr. Ruttan, of Napanee, reported a case of fatal "Hepatic Colic," and exhibited one large and two small calculi. The large one, ovoid in shape, was five-eighths of an inch long and two-fifths of an inch in thickness.

Mr. H., druggist, æt. 40, had not consulted a medical man for 11 years prior to present illness, although he had frequent attacks of momentary pain; appetite and general health good. Between the 1st of January and middle of June he had four or five attacks of hepatic colic. He had a moderate attack on the morning of the first day of his last illness, but went down town, and had an unusually severe one that evening, the pain being referred to the region of the liver and back. Vomiting occurred freely but the egesta did not contain bile. Anodynes gave him perfect relief. The first decided relief from pain followed the swallowing of half

a teaspoonful of chloroform in water. The matter vomited later contained bile. He was apparently much better the following day, due to gangrene as was shown *post mortem*. His illness was of only four days duration. It is believed that a large gallstone obstructed the common duct in the earlier days of illness, which sometime before death had escaped into the intestines and so allowed of vomiting of bilious matter. Such stone was not found, but the intestines were not searched with care. A calculus was found in the cystic duct, and many from the size of a pin's head upward, were found in the gall-bladder. Nearly the whole duodenum and under surface of liver, but especially the liver tissue around the common duct were gangrenous. In such cases Dr. R. would rely on opium, hot baths and chloroform. Dr. Burritt would bleed. He had seen prompt relief from venesection in several cases.

Dr. Hamilton, Port Hope, presented three specimens of gall-stones from three cases. One of them was obtained *post mortem*. The other two were from cases still living. One was the size of a small pigeon's egg, of stoney hardness and glistening structure. The patient had died of a disease not at all or very remotely connected with the calculus. A second was the size of a small pea, as hard and pearly white as a small tooth. The third was mahogany colored, weighed 35 grains, of light density, and presented five facets. A discussion as to their frequency of occurrence and significance ensued.

Dr. Bogart, Campbellford, gave details of a case in which there was a double placenta but only one child. There was a single cord which branched, a separate branch going to each placenta. One branch was eight inches long, the other three. He thought care should be exercised in removing the placenta, and that such a condition be not overlooked as it might otherwise prove fatal.

Dr. Bell, Peterboro', reported a case in which a midwife had imprudently torn the cord across. Rapid bleeding ensued. Before a doctor could be sent for, and brought eleven miles, the woman was so bloodless as to live only a few minutes after his arrival.

Dr. Burritt reported a consultation case of delivery at full term, in which the attending physician is confident no placenta was ever expelled. The



membranes seemed certainly to be retained and considerable placental matter was adherent over the usual breadth of surface. There was hour-glass contraction. There was no hemorrhage at all. The child was living. He advised non-interference. A fetid discharge followed for six weeks. The recovery was good.

Dr. Richards, Warkworth, reported an interesting case of apoplexy.

Dr. Pettigrew, Campbellford, reported a case of congenital absence of the brain,

Dr. Ruttan, Napanee, reported a cure of spina bifida by operation, giving particulars of his mode of proceeding.

Dr. Sinclair, Hastings, reported a case in practice.

Dr. Byam, Campbellford, promised to open a discussion on "Leucorrhœa" at next meeting, and Dr. Burritt to give the history of a case of uterine hydatid.

An excursion and dinner concluded the proceedings, and the Association adjourned to meet at Napanee, in October.

### Selected Articles.

#### TREATMENT OF ANEURISM BY THE ELASTIC BANDAGE.

The case reported by Surgeon Reid, of the English Navy, in which a popliteal aneurism was cured by Esmarch's bandage, followed by compression of the femoral artery, has attracted considerable attention since its publication in 1875. Dr. Lewis A. Stimson, Surgeon to the Presbyterian and Bellevue Hospitals, New York, has communicated, in the *American Journal of the Medical Sciences*, for April, 1881, a series of sixty-two cases, in which the bandage or the rubber tubing, or both together have been thus used for the cure of aneurism, collated from various sources. Excepting one example each, of axillary, internal circumflex, and anterior tibial the aneurisms were all of the femoral or popliteal arteries, the great majority being the latter. In two cases in which death followed the employment of the method, the sac and tributary artery were found filled with recent clot. In the successful cases, pulsation was felt in the tumor upon removing the bandage, but remained permanently absent if digital or instrumental compression was continued for several hours subsequently. In a large proportion of cases this treatment was eminently successful. Dr. Stimson concludes that

we have in the elastic bandage an efficient means for safely shortening the duration of the treatment by compression of popliteal and some femoral aneurisms, and lays particular stress upon careful attention to the details of the method, by the application of which a successful result may be hoped for. The greater efficiency and the more speedy action of the method are apparently due mainly, if not entirely, to the arrest of the circulation through the collateral channels as well as through the main artery, thus securing the absolute stagnation of the contents of the sac.—*Med. Gazette*, April 23.

#### EPITHELIOMA OF THE TONGUE.

M. Le Dentu, at a recent meeting of the Société de Chirurgie, Paris, reported several cases of *epithelioma of the tongue* which had been under his own care, and introduced an interesting discussion as to treatment. In his first case, the return was almost immediate, and death followed in two months; and a second patient was carried off by a severe hæmorrhage. A third was attacked with an epithelioma with very fetid discharge, having every appearance of an ulcerated gumma, which rapidly involved the anterior two-thirds of the organ, without any appearance of enlargement of the ganglia. In this case, the tongue and the anterior pillars of the fauces were removed, and the operation succeeded remarkably well, but there was a return of the disease in the neighboring ganglia in four months. In another case the patient suffered from both lingual and buccal psoriasis, and at the same time from a true epithelioma beginning on the right side, one centimeter from the tip, and ending two centimetres from the base. For this, the patient had been submitted to a thorough anti-syphilitic treatment. The tongue was removed with Paquelin's cautery. The operation was done in 1876, and up to the present time there had been no return. The diagnosis was confirmed by many, among them M. Verneuil. In the hands of M. Le Dentu, the operation has always had one result, to render life more supportable, to do away with the intolerable pain, and to prolong life generally for about one year. M. Perrin had removed six epitheliomata of the tongue during the preceding eleven years. In all, the disease had been circumscribed, limited to one border, and without glandular involvement. The operations had always been through the mouth, sometimes with the écraseur, sometimes with Paquelin's or the galvanic battery. The result had generally been good, and in some cases the relief had extended over two or three years. In one case he had seen a psoriasis change into an epithelioma. He made it a rule not to operate when there was any enlargement of the ganglia, and in those cases where the disease

was superficial and not interstitial. He operated through the mouth, and preferred the *écraseur* to the cautery. M. Desprès believed that the cases in which life was prolonged for any great length of time were exceptional, and had found no instrument which equalled the *écraseur* of Chassaignac. For passing the cord he had found nothing better than ordinary trocar and canula, with which he transfixed the organ, taking care not to wound the vault of the palate. M. Télet believed that a long period of immunity might be gained, and referred to eleven cases in which the disease had not returned for three years, which time had been passed by the patient in comfort. M. Verneuil thought the question, whether an operation might be attempted when the ganglia were involved, depended for an answer on the location of the glands. For example, if the whole cervical chain were affected the operation would be useless, but in most other cases the surgeon should operate. In the same manner as operations were done in cancers of the breast with involvement of the ganglia as a palliative measure, so they might be done in cancer of the tongue. It was true also that most cancers of the tongue might be removed through the mouth, and, if he (Verneuil) preferred the supra-hyoid incision, it was only because it furnished greater facilities for reaching and removing the affected ganglia.—*N. Y. Med. Jour.*, May.

#### CROUP TREATED BY PASSING CATHETERS INTO THE TRACHEA BY THE MOUTH.

In the *British Medical Journal* for July 24th and 31st, 1880, are two papers by Dr. Macewen, on the Value of Tracheal Tubes introduced by the Mouth in Oedema Glottidis, etc. The cases he records are all in adults. I am not aware that this treatment has been used in children; but its simplicity and advantages are so great, that a few notes of a case of croup in which catheters were used may be interesting.

H. J., aged three years and ten months, had measles, the rash appearing on February 15th, 1881. On the disappearance of the rash, a hard cough supervened, which gradually increased in severity till March 1st.

On this date, I found him, at 1.30 a.m., suffering from intense dyspnoea, quite unable to speak, and his lips of a dark livid colour. His cough was constant, brassy, and without expectoration. The respirations were thirty-five per minute, the cartilages of the ribs and sternum being drawn in at every effort to breathe, and crepitation existing over both lungs. The fauces were healthy. The pulse was 144, very weak.

Having a No. 11 prostatic catheter with me, I determined to pass it into the trachea instead of

performing tracheotomy. Watching an opportunity, while the tongue was depressed with a spoon, the catheter, curved a little more than usual, was passed into the trachea, during an attempted inspiration, and without the slightest difficulty. A severe struggle followed, lasting perhaps a minute or two, the face becoming purple, and the eyes starting with fully dilated pupils. The paroxysmal efforts to expel the tube being unsuccessful, a pretty full inspiration, partly through the tube and partly through the larynx, followed; about two ounces of frothy, bloody, and purulent mucus were ejected by the tube and the mouth; the lived colour disappeared, and he lay down breathing easily through the tube. The presence of the tube did not prevent his swallowing milk, although sometimes a little of this was ejected from it during a cough. The tube was retained *in situ* by a strip of plaster; and the teeth were prevented from closing on it by means of a pear-shaped piece of hard wood.

Six hours afterwards, he was much easier, and could say "Yes" and "No" distinctly. The cough continued at intervals of ten minutes, and did not seem altered in character by the presence of the tube. Crepitation still existed over both lungs, an abundant muco-purulent secretion being passed both by the tube and the mouth. Hitherto he had been kept in a warm room; but now a bronchitis-kettle maintained a moist temperature of 70° Fahr. The tube was removed without any inconvenience after it had been in the trachea for eleven hours, as he had bitten it, and no air was passing through it. Shortly after its removal, symptoms of obstruction gradually reappeared. During the same evening, another ordinary gum-elastic catheter No. 12 was introduced, only a slight momentary struggle and cough supervening. The presence of the tube led again to a very free expectoration of mucus. In the course of a few hours, the respirations and pulse became lower, and crepitation and dyspnoea ceased. When the tube had been in for forty-eight hours and a half, it was removed, and not again introduced. On March 8th, the voice and chest sounds were normal; and he was not seen after the 10th.

This case was a severe one, and would soon have ended fatally, had no operation been performed. Tracheotomy seemed inadmissible, neither the case nor the surroundings being favourable for it. *Prima facie*, it would be expected that the introduction of a tube into the trachea of a child against its will would not be so easy as in a consenting adult. That may be so; but it is certain that the operation is extremely easy and simple, and does not take more than two or three seconds from touching the tongue with the spoon till the tube is in the trachea. Had tracheotomy been performed successfully, when would the child have been out of danger? Certainly not so soon as here recorded; for, at the end of the third day, the



child was so well as to be able to breathe freely without the tube, and was quite well before the tenth day after the operation.—*Dr. Paton, Brit. Med. Four.*

### CRIMINAL ABORTION—FŒTUS CUT UP IN UTERO.

A fine young woman, aged nineteen, consulted a Cambridge chemist named Ransome, and his wife, a professed midwife, and took medicine with intent to produce abortion, but without the desired effect. On Sunday, December 5th, 1880, she was induced by the Ransomes to submit to an operation at the hands of a man named Lepper, who came from London. After payment of £10, he passed up "a silver hook" which "hurt her very much," and blood came away. No witnesses were present. Another similar operation was performed a few hours later, causing great pain, and some loss of blood. On both occasions, she walked a distance of more than a mile to the chemist's shop where the operation was performed.

On the following day, December 6th, I saw her. She had great pain in the abdomen, which was very tender and tympanitic; constant retching; pulse 120; temperature, 102.05°; with other signs of peritonitis. The os uteri was small, within easy reach of the finger. Blood passed in small quantities.

On December 7th, the symptoms were very urgent, and Professor Humphry saw the case with me. In the evening, parts of a fœtus passed from her, consisting of the extremities and trunk; the head came away an hour or so afterwards. There was no decomposition; the skin was rosy and firm. The legs were separated from the trunk and upper extremities, and the head severed from the body. The fœtus was about three months old; the head was large; there were indications of the eyelids; the membrana pupillaris was visible; the mouth was open, showing the tongue. The toes and fingers were nearly separate; nails were commencing. The cartilaginous arches of the upper dorsal vertebræ were closed.

On December 8th, there was no improvement in her condition. Vomiting and retching continued as before. Pulse 124; temperature 100.5°. Dr. Humphry again saw her and removed the placenta.

December 9th. Pain was very severe. Vomiting and retching continued. The abdomen was tender and tympanitic. Pulse 120; temperature, 101.5°. She had a great pain in the right elbow and forearm.

December 11th. She was so very ill that, by my advice, her depositions were taken by the magistrates.

December 14th. The symptoms had continued,

without any improvement. A red flush like erysipelas, appeared about the umbilical scar of the swollen abdomen.

December 15th. She kept down a little milk and port wine. The redness was spreading over the abdomen.

December 16th. The symptoms were as before; hiccough was troublesome; loose stools, with very foul smell, passed from her. There was rather less distension of the abdomen.

December 18th. She was still very ill; and suffering as before. She had rapid breathing, cough and expectorations; there were *râles* at both bases of the lungs, and slight dulness.

The symptoms continued until the end of December, with the addition of pelvic pains, tenderness over the uterus, and dulness on percussion. The stools were still very foul. She then began slowly to mend, and in spite of one or two relapses, was able to leave her bed eight weeks after the operation, and can now walk slowly. In relapses, a large quantity of matter and blood passed from the uterus. The treatment consisted in the diet of milk and beef-tea, port wine, milk, and soda water ice. Opium was not kept down, and did not relieve. Morphia injections were used with best effect, and the patient was under the influence of morphia for more than five weeks. Diarrhœa, with foul-smelling stools, occurred now and then. Constipation was relieved by injections, and later on, by castor oil and tincture of belladonna.

REMARKS.—This is of some interest as a medico-legal case. The fœtus having been cut up into pieces *in utero* at such a period of pregnancy is extraordinary. The symptoms which followed are best explained by supposing that the instrument used perforated the uterine wall, and so caused peritonitis. The girl was unable to appear when the prisoners were brought up for trial; and in consequence of some legal flaw, the depositions of the patient herself were not admissible as evidence, and the case rested on the medical opinion that nothing but instrumental interference could have cut up the healthy fœtus in the uterus. Lepper and the Ransomes were convicted, and each sentenced to five year's penal servitude.—*Dr. Wherry, British Med. Journal.*

### CASE OF ABSCESS OF THE LIVER —ASPIRATION—RECOVERY.

Dr. George F. Duffey detailed the case of a man, aged 39, who had been invalided from the Royal Artillery for deafness in 1878, after nineteen and a half years' service, fourteen of which were passed in India. While there, he drank freely, chiefly rum; had attacks of "fever and ague"

every hot season; and occasionally suffered from dysentery. He returned to England from India in December, 1873, and for the following year drank very hard. In 1875, he was for about one month in his regimental hospital, with symptoms of hepatitis. He had never felt any pain in the region of the liver until then. Since his discharge from the army, he has been employed in a cutler's establishment making wooden handles for "slash hooks." His health had been good, and his habits, he stated, moderately temperate. He denied ever having had syphilis. On admission to Mercer's Hospital, Dublin, on July 10th, 1880, the patient, like most men who had been many years in India, presented the characteristic appearance of malarial cachexia. He complained of severe pain about the epigastric region, which commenced suddenly, and without any apparent cause, as far as he knew, seven days prior to admission. The day following this sudden access of pain, he noticed that there was a slight swelling where the pain was situated. On examination, the right hypochondriac region was seen to be evidently enlarged; and a small, and well-defined prominent tumour, about the size of a pigeon's egg, was observed in the epigastric region, one inch to the right of the mesial line. Pressure on this tumour, or the act of coughing, aggravated the pain. The edge of the liver—which organ extended three inches in the right mammary line below the ribs, and was extremely sensitive to the touch—could just be felt below the tumour. The latter moved with the liver on inspiration and expiration, and had a slight visible pulsation, communicated apparently to it. He was kept awake at night by the pain of the tumour, and was thirsty. He complained of a feeling of weight and heaviness in the right hypochondrium, and was unable to lie on his left side; no pain in the right shoulder-tip. The apex-beat of the heart was in the fifth intercostal space, and almost in the nipple line, the area of cardiac dullness extending outwards to a corresponding situation. No cardiac murmur was detected; pulse normal; temperature 99°; urine acid, loaded with urates, specific gravity, 1025, no albumen; tongue coated; appetite poor; bowels confined; no rigors, vomiting or jaundice; no splenic enlargement. No fluctuation was detected in the tumour; the skin over it was not discoloured or œdematous, and there was but slight tension of the rectus muscle. Six days after admission, obscure fluctuation was detected in the tumor; and on July 20th (ten days after his admission), an exploratory puncture was made with the needle of a hypodermic syringe into the most prominent portion of the swelling; the integument being first drawn downwards, and a small quantity of yellowish "laudable" pus withdrawn. He slept well that night; and on the following day, half an ounce of similar pus was withdrawn by means of an aspirator. A very small canula was used, and

its becoming clogged prevented a larger quantity of pus from being removed. Nevertheless, the patient felt much relieved; he passed a good night without either chloral or morphia, which he previously was obliged to take to procure sleep. There was no rise of temperature after either paracentesis. The puncture in both cases was simply dressed by applying over it a piece of lint, dipped in carbolic oil, underneath a pad and bandage. Three days after the second puncture, an ounce of pus was removed by aspiration. From this time he improved rapidly, and was discharged on August 7th, 1880.—Dr. Finney mentioned a case, in which a hepatic abscess had been successfully tapped in in the City of Dublin Hospital.—Dr. Quinlan said that a very simple plan of ascertaining whether purulent matter was hepatic or not, had been suggested by Dr. MacMunn, of Wolverhampton; namely, by spectroscopic examination. Dr. Kennedy detailed a case, where hydatid disease of the liver had been followed by abscess, in a woman aged 45, rupture of the abscess sac into the pleura through the diaphragm causing death. Surgeon-Major Jackson said, that a couple of years ago, he aspirated a man at Shorncliffe for a large abscess of the liver, but he died a couple of days afterwards. In cases of this kind, the thermometer was of very little use. Enormous deposits of pus were often formed in the liver, and scarcely any indication of it would be given by the thermometer.—*British Medical Journal*.

#### DIAGNOSIS OF A SINGULAR CASE.

At the celebration in Boston, of the centennial anniversary of the Massachusetts Medical Society, (*Boston Med. Journal*) the Rev. Dr. Geo. E. Ellis, on being called upon after the dinner, delivered an address, in the course of which he said that at Roxbury, on the church records of the revered old Indian apostle and pastor, John Eliot, he had found this entry under date of 1632:

Mary Chase, the wife of William Chase, had a paralytic humor wh. fell into her backbone, so that she could not stir her body but as she was lifted, and filled her with great torture, & caused her back to goe out of joynt, & bunch out from ye beginning to the end; of wh. infirmity she lay 4 years & a half, & a greater part of the time a sad spectacle of misery. But it pleased God to raise her again, and she bore children after it.

Dr. Ellis said that he had submitted this case professionally to Dr. Wendell Holmes, from whom he had received the following letter in reply, which he read:

BOSTON, June 3rd, 1881.

MY DEAR DR. ELLIS,—A consultation without seeing the patient is like a murder-trial without the



*corpus delicti* being in evidence. You remember the story of Mr. Jeremiah Mason and the witness who had had a vision in which the angel Gabriel informed him of some important facts: "Subpoena the angel Gabriel. So I should say, carry us to the bedside of Mary Chase; but she has been under the green bedclothes so long that I am afraid she would be hard to wake up.

We must guess as well as we can under the circumstances. The question is whether she had angular curvature, lateral curvature, or no curvature at all. If the first—angular curvature—you must consult such authorities as Bryan, De-witt, and the rest. If you are not satisfied with these modern writers, all I have to say is, as I have said before when asked whom to consult in such cases, Go to *Pott*, to Percival Pott, the famous surgeon of the last century, from whom this affection has received the name by which it is still well known, of "Pott's disease;" for if a doctor has the luck to find out a new malady it is tied to his name like a tin kettle to a dog's tail, and he goes clattering down the highway of fame to posterity with his æolian attachment following at his heels.

As for lateral curvature, if that existed, it seems as if the Apostle Eliot would have said she bulged sideways, or something like that, instead of saying the backbone bunched out from beginning to end. Besides, I doubt if lateral curvature is apt to cause paralysis. Crooked backs are everywhere, as tailors and dressmakers know, and nobody expects to be palsied because one shoulder is higher than the other—as Alexander the Great's was, and Alexander Pope's also.

I doubt whether Mary Chase had any real curvature at all. Her case looks to me like one of those mimoses, as Marshall Hall called certain forms of hysteria which imitate different diseases, among the rest paralysis. The body of an hysterical patient will take on the look of all sorts of more serious affections. As for mental and moral manifestations, an hysterical girl will lie so that Sapphira would blush for her, and she could give lessons to a professional pickpocket in the art of stealing. Hysteria might well be described as possession—possession by seven devils, except that this number is quite insufficient to account for all the pranks played by the subjects of this extraordinary malady.

I do not want to say anything against Mary Chase, but I suspect that, getting nervous and tired and hysterical, she got into bed, which she found rather agreeable after too much housework, and perhaps too much going to meeting, liked it better and better, curled herself up into a bunch which made her look as if her back was really distorted, found she was cosseted and posseted and prayed over and made of, and so lay quiet until a false paralysis caught hold of her legs and held her there. If some one had "hollered" fire, it is not

unlikely that she would have jumped out of bed, as many other paralytics have done under such circumstances. She could have moved, probably enough, if any one could have made her believe that she had the power of doing it. *Possumus quai posse videmur*. She had played *possum* so long that at last it became *non possum*.

Yours, &c.,

O. W. HOLMES.

## NOTEWORTHY MALPRACTICE DECISIONS

A suit brought by a patient of the New York Eye and Ear Infirmary, who charged that the surgeon, by using a brush infected by the discharge of gonorrhœal ophthalmia from some eye on which it had previously been used, had destroyed the sight of both his eyes, has reached final decision in the Court of Appeals. The suit attracted much attention at the time of its trial, three or four years ago, when it resulted in a verdict for the institution. This result has now been confirmed. From the rather meagre account given of the opinions of the judges, they seem to have held that, to establish a claim in such a case, the injured patient must show, not only that an improper brush was used, but also that the surgeon was negligent; that is to say, was lacking in ordinary care in taking precautions to avoid a brush which had been dangerously infected. And they considered the jury warranted in reaching the conclusion that such negligence had not been shown by the plaintiff.

The Rhode Island Hospital was sued by a paying patient to recover damages for a dangerous hæmorrhage, which he attributed to unskillful treatment by a surgical *interne* of the hospital, who assumed to treat a wound beyond his skill, instead of sending for the attending surgeon as he should have done, the results of which were gangrene and amputation of an arm. The suit called for a statement of the legal rules governing the responsibility of an incorporated hospital for its medical attendants. These two are declared: 1. A hospital is not exempt from liability for unskillfulness or neglect, but is responsible for the exercise of reasonable care by the governing authorities in selecting physicians, surgeons and *internes*; and if incompetent persons are appointed, is responsible for the results of their neglect or want of skill. 2. If the rules of the hospital require that in specified cases an *interne* shall summon an attending surgeon, and the *interne* fails to do so, the corporation may be liable for the consequences of his neglect.

The right to exhume a corpse for the determination of medico-legal questions has been presented in two instances: In one, a child nearly a year

and a half old sustained a fracture of the thigh, for which she was treated. She died about sixteen months afterward; whether from the fracture, from maltreatment, or from other causes, was disputed. The surgeon sued the father of the child for his fees; and this suit was defended on the ground of alleged malpractice in his treatment. To prove this malpractice, the father by advice of his counsel, employed another physician to ex-hume the body and remove the fractured bone for examination, which was done. The surgeon against whom the charge of malpractice was pending, then instituted a prosecution against the one concerned in the post-mortem, contending that the latter had been guilty of a violation of the statute which punishes "every person who shall remove the dead body of any human being from the grave . . . for the purpose of dissection." The New York Supreme Court decided, in effect, that there was no warrant in the facts for the prosecution. The purpose of the examination, and the consent of the father, showed that the case was not within the intention of the statute, which is to forbid disinterments to obtain material for dissection in the ordinary sense of the term.

In the other instance, which arose in Mississippi in a controversy over a life insurance policy, it appeared that the insurance company when the policy was applied for, required the applicant to state whether he had ever received any serious injury, and he made answer that he had not: but, after his death, information reached them that, when the insured was young, his skull was fractured, and he was treated by trephining. To make proof of this, which would relieve them from payment of the insurance money, they asked the court to make an order that the corpse should be exhumed and the skull examined. The court refused, saying that such an order might be made where there was strong reason to believe that without such examination a fraud was likely to be accomplished; but, as the proceeding was very objectionable, it ought only to be allowed on proof that the company had exhausted every other means of obtaining evidence.—*N. Y. Medical Journal*.

The *Medical Record* also gives the particulars of an action for damages to the extent of \$25,000 against Dr. Lewis H. Sayre, for prescribing an overdose of nux vomica which it was alleged impaired the young lady's health. The Doctor prescribed pills containing three grains of aloes, one grain of extract of hyoscyamus, and one grain of nux vomica, one to be taken, and repeated in four hours if necessary. She took four pills at one dose, after which she was seized with what she supposed were symptoms of poisoning, but what the physicians called in, attributed to hysteria. The case was a weak one, inasmuch as the patient violated the directions, and the jury gave a verdict to the defendant, with an allowance to him of \$1250.

## A TRIUMPH OF MODERN SURGERY.

At a recent meeting of the Royal Society in London, Dr. MacEwen gave a detailed account of a very remarkable case of the transplantation of bone in the human subject. It is of special interest as being the first instance in which this osseous transfer has been successfully effected. We take the following abstract of Dr. MacEwen's paper from one of our English exchanges:—

In 1878 a child of three years was admitted into the Glasgow Infirmary for necrosis of the right humerus, the shaft of which was already separated from its head at the epiphysial junction. Fifteen months after the necrosed portion had been removed, there had been no bone formation of any account, and over two-thirds of the shaft was wanting. A first transplant of bone was then performed. In making the sulcus for the reception of the graft, reliance had to be placed on anatomical relations as to correct position, as there was no trace of periosteum or fibrous structure to indicate the former location of the bone. Portions of human bone were transplanted on three different occasions, the grafts being obtained from patients affected with anterior tibial curves, from whom wedges of bone had to be removed for the purpose of straightening their limbs. These osseous wedges were each divided into many small pieces, which were immediately placed in the sulcus in the boy's arm. The fragments united together as well as adhered to the head of the humerus above and to the condyles below, ultimately forming a solid rod only half an inch shorter than the humerus on the opposite or left side. This transplantation of bone converted a useless arm into a thoroughly useful one. Great stress was laid by the operator upon the subdivision of the transplanted bone into fragments, as thereby greater nourishment is able to be conveyed from the surrounding flesh to the osseous formation. The conclusions arrived at are that transplanted bone is capable of living and growing, and that such transplants are capable of being put to practical uses beneficial to mankind; but that to insure success the transplantation must be conducted antiseptically.—*Boston Journal of Chemistry*.

T. Gaillard Thomas opposes the use of *direct applications to the interior of the body of the uterus*, except in rare and exceptional cases, on the ground that they very generally fail to cure the disease, and are by no means void of danger. In their stead, he recommends for chronic corporeal endometritis, careful attention to the general state, removal of displacements, cure of laceration of the cervix, extirpation, if possible, of any existing neoplasm, and if uterine enlargement exist, the free use of ergot.



## OINTMENT FOR ITCH :—

R	Balsam of Peru.....	3j
	Benzoic acid.....	gr. cx.
	Oil cloves.....	gtt. xl.
	Alcohol.....	f. 3ijss
	Simple cerate.....	3viij.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate; lastly, add the balsam of Peru.

It is said to effect a cure in twenty-four hours.—*Canada Med. Record.*

POST-PARTUM HEMORRHAGE.—THOMAS.—Dr. T. G. Thomas, of New York, in concluding a discussion on this subject (*Proceedings King's Co. Medical Society*) said that in the treatment of post-partum hemorrhage the rule should be this :

If the hemorrhage is slight, and for good reasons you do not wish to pass the hand into the uterine cavity, try the hypodermic use of ergot; apply excessive cold or excessive heat to the fundus, force the uterus into firm contraction under your hand, and never let go of it until the woman stops bleeding. How long shall you hold the uterus? I have repeatedly held it, under such circumstances, for 12 hours.

But suppose it fails and the hemorrhage continues. Then wash the hand and arm thoroughly with soap and water, use a nail brush thoroughly, dip the hand and arm in warm, strong, carbolyzed water, and, without wiping them, carry the hand up to the fundus uteri, sweep everything out, and keep the hand there until the uterus contracts. Pass the pulp of the fingers up and down the sides of the uterus in any direction, and at the same time make counter-pressure from the outside with the other hand upon the wall of the abdomen.

If you fail with this, what next? It is a bad case, and you may resort to anything which produces a decided shock to the nervous system; give hypodermic of ergot, brandy and ether hypodermically, and, lastly, give a fair trial to the Faradic current.

PERINEAL LACERATIONS.—I have not referred to the primary treatment of *perineal lacerations*, that is, their treatment immediately upon the conclusion of the labour during which they have occurred. This subject concerns the obstetrician as much as it does the gynæcologist. On the one hand we have physicians who think the introduction of sutures at this time inadvisable, and on the other hand, those who declare that the neglect to do this is reprehensible. The following, is, I think, a fair general statement of the matter: In the great majority of cases sutures introduced with skill immediately after the injury has occurred, keeping the torn surfaces in apposition, will give the woman comfort, and increase the chances of a

good union, although of course, it may not take place. In many cases where the sutures are used they are used with such want of skill and in such bungling manner that they fail to insure apposition of the parts, in fact act merely as setons to increase inflammatory action, and, if a good union is obtained, it is not because of the sutures, but in spite of them. In certain cases, owing to the condition of the puerperal woman, it may be bad practice to attempt the primary treatment of the lesion. Such cases are exceptional, however. The "diminution of the chances of septicæmia" by the closing of ("even slight") perineal wounds, which has been much dwelt upon, of late, would seem to have been much exaggerated.—*Clifton Wing, M.D.*

AN EXHILARATING MIXTURE.—M. Luton discovered by accident the effects of the following exhilarating mixture. Tincture of ergot of rye, five grammes (gr. 75); solution of phosphate of sodium (10 per cent.), 15 grammes (3 ss). Mix in a quarter of a glass of sweetened water, and give at one dose on an empty stomach. In very susceptible excitable people, a condition is produced resembling that following the inhalation of nitrous oxide gas; they laugh excessively, feel slight dizziness on attempting to walk; and in many ways suggest alcoholic intoxication. In those who are more sedate and imperturbable, a condition of mild exhilaration merely is induced; the cutaneous circulation is improved, a feeling of buoyancy and cheerfulness develops itself, and lasts for several hours, the patients being agreeably conscious of mental and physical stimulation. The author has verified these observations in so many cases that they must be considered established. He has found different individuals equally susceptible, but has been able to assure himself that there is always some effect. As might be expected, men are less affected than women; in no case has any unpleasant result been observed. The author feels himself justified in recommending his discovery to the profession, although compelled to do so on a purely empirical basis, having arrived at no satisfactory explanation of the action of the mixture. He especially advised its use in cases of melancholia, hysteria, chlorosis, and the various conditions in which languor and depression of spirits are present. The patients to whom he has given it were sufficiently convinced of the efficacy of his prescription to ask for its repetition, assuring him of the benefit they derived from its use.—*N. Y. Med. Four.*

CASTRATION FOR DEMENTIA FROM MASTURBATION.—Dr. N. L. Folsom, of Portsmouth, N. H., writes: "In 1843 Dr. Josiah Crosby, then at Laconia, N. H., and later at Manchester, N. H., (and brother of the late Prof. Dixie Crosby, at Hanover, N. H.) with the assistance of myself and

another medical student of his, castrated (with the consent of the patient and his father) an intelligent young man, a school teacher in the country, for approaching dementia from masturbation. The operation completely cured and restored him to usefulness and to society. He had ceased to leave his house, or to mix with any society, and did not wish to see any one. This young man, twenty-two years old, I think, had been medically treated by other persons until his father had given up all hope of recovery for a long time. In my opinion no other treatment, not even the *porte caustic*, (and Dr. Crosby had that instrument,) would have saved him from complete dementia. I have looked upon the cure of this young man through my whole professional career, as a wonderful achievement. He became afterwards an active business man, such as a clerk in a postoffice, selling goods, etc., etc. There are thousands of just such cases throughout the land, who, by this treatment and by no other, can be cured, but no one dares to prescribe this and execute it, for fear of his reputation, and possibly a prosecution by some of his nearer relatives, and perhaps by himself, put up to it by some briefless and unprincipled lawyer or meddlesome doctor. Extreme cases of this kind are incurable by any other treatment. I think that superintendents of insane asylums should, by the consent of the man's friends and others, castrate hopeless cases of dementia from masturbation. Other treatment for a reasonable time should be tried.—*Mich. Med. News*.

**ARTIFICIAL HUMAN MILK.**—I should like to direct the attention of practitioners to the artificial human milk now prepared by the Aylesbury Dairy Company, at a cost little over that of the best nursery milk. This valuable method of treating cow's milk was first brought under my notice, some years ago by Dr. Frankland, the eminent chemist, who devised it for one of his own children who was ill; and I have since used it extensively in my practice. Its composition is absolutely identical with that of human milk; and under its use the risks and disadvantages of the bottle-feeding of infants are reduced to a minimum. I have been in the habit of instructing nurses how to prepare it at home from Dr. Frankland's recipe, but the trouble and difficulty of making it stood seriously in the way of its general adoption; and, unless the nurse happened to be exceptionally intelligent, failure very frequently followed. For this reason I suggested its manufacture to the Aylesbury Dairy Company, and the specimens with which they have since supplied me have been perfectly satisfactory, and require no further treatment than heating to the proper temperature. I look upon it as immeasurably superior to asses' milk, than which it is much cheaper; and if this valuable preparation were more generally known and used,

much illness, in the case of children who cannot be brought up at the breast, would be avoided.—Dr. W. S. Playfair, *Brit. Med. Journal*.

**VOLKMAN'S OPERATION FOR HYDROCELE.**—Wm. Gardner reports three successful cases in which he performed this operation for radical cure. Operating under carbolic spray, he made an incision the whole length of the scrotum through all the tissues to the tunica vaginalis, which he then opened and divided to the same extent with probe-pointed scissors. The tunica vaginalis was then stitched to the skin by several points of interrupted suture, and after the insertion of a drainage tube at the lower angle, the whole was brought together with deep wire sutures. Antiseptic dressings were applied, and in a few days the wounds were healed.

He says that the advantages of the operation are: "1st. The absolute certainty of cure within a fortnight, if antiseptic precautions are observed. 2nd. The smallness of the risk, as evidenced by Volkmann's list of seventy cases without a death. 3rd. The simplicity of the operation. 4th. So far as at present known, the operation is never followed by orchitis, as has been the case with the injection treatment. 5th. This advantage has been pointed out by Mr. MacCormack in the following words: 'That a diagnosis in doubtful cases is thereby made easy, and a tumor of the testicle, of which the hydrocele is a symptom, may be thus examined, and perhaps, in some cases, treated by immediate removal, or in others by incision.'"—*Australian Med. Journal*, January, 1881.

**CONSTIPATION.**—Dr. S. H. Price (*Medical Brief*, March, 1881) says the following combination has never failed to relieve constipation, in his experience, when the person is otherwise healthy:—

R. Ext. cascara sagrada, fl.,.....f.ʒj  
Tr. nuc. vom.....f.ʒij  
Ext. belladon., fl.....f.ʒss  
Glycerine.....f.ʒj.

SIG.—Teaspoonful night and morning, as necessary.

He has used this in all ages, from the three weeks' infant to the octogenarian, changing dose to suit age.

**LUMBAGO.**—This affection is usually promptly cured by galvanization of the affected muscles. In my experience in this class of cases, strong currents are most beneficial; attacks resisting the current from 15 to 20 cups of Siemens and Halske have promptly yielded to 40 to 60. The applications should be made twice a day or the first few days, and afterwards daily until a cure is effected. Immediate relief is afforded by the passage of a current, the patient being able to straighten himself at once without pain, but in the intervals



he lapses back into his former condition, nearly ; but the repetition of the applications is followed by an increasing duration of the relief. Recent cases are sometimes cured by a single application. The best results are obtained by transverse currents.—*Bartholow's Medical Electricity*.

**SMELL OF DEATH.**—Professor A. B. Isham, of Cincinnati, draws attention to a peculiar characteristic odor emanating from the bodies of persons in the act of dying. It somewhat resembles musk. Of two cases cited, in one it was observed 33 hours before death, in the other  $1\frac{1}{2}$  hours. He attributes the odor to the liberation of ammonia and a volatile oil from the blood.—*Am. Journ. Med. Sci.*, April, 1881.

**GONORRHOEA.**—Dr. A. V. Barnes (*Medical Brief*) has found the following injection, used four or five times after urinating, very valuable in the subacute stage of gonorrhœa :—

R.	Plumbi acetat.....	℥j	
	Zinci acetat.....	℥j	
	Morph. acetat.....	℥j	
	Acid acetic.....	f. 3ss	
	Aquæ.....	f. 3vj.	M.

With this he gives, internally—

R.	Potas. bicarb.....	℥ij	
	Tr. columb.....	f. 3v.	M.
	Aq. dest.....	f. 3j	

SIG.—Desertspoonful four or five times daily.

The question of Nurses v. Physicians at Guy's Hospital, London, Eng., has been settled, by the adoption by the governors, of a series of regulations for nurses such as the staff can heartily endorse. Under these, the nurses are to be under the control of the medical staff, all that was asked by the staff. It is too bad that the governors of the hospital could not have reached this conclusion earlier.

**NITRATE OF SILVER FOR WORMS.**—Dr. M. P. Greensword (*Medical Summary*) was accidentally led to regard nitrate of silver as a remedy for worms. Further use of this drug has convinced him that it is one of the most potent agents we have for the destruction and expulsion of worms. He gives a teaspoonful three times a day, of a solution of five grains of nitrate silver in six ounces of rain water.

A French court has decided that promises made to a doctor by a sick person are not valid at law. The ground for this is the fact, that the patient is no longer master of his will, and any agreement entered into must be under the influence of either fear or necessity.

Dr. Hammond, of New York, uses instead of bromides, a teaspoonful, well diluted, of a mixture of one dram of bromine in eight ounces of water. Results are like those of the alkaline bromides, barring the acne and ulcers that sometimes attend the latter.

The Boston *Med. Journal* says :—From the medical point of view there is one thing which the recent sad and criminal calamity at Washington—the shooting of President Garfield—does emphasize, and that is the great importance of restraining those of ill-balanced minds, the insane, before they proclaim their disease by extreme acts. At present the expert is hooted at if he advises early restraint to anticipate mischief, and hooted at just as much if he raises his voice against society's cry for the protection sought in vengeance.

Skoda's independence is well illustrated by the following anecdote about him, which was current in Vienna : He was summoned to the empress in his professional capacity, and when he arrived at the palace objection was raised by the attendants to admitting him to her majesty's presence, on the ground that his coat was shabby or unsuitable ; thereupon the professor simply said, "If her majesty desires to see my coat I will go home, but if she desires to see me she will see me as I am." It is scarcely necessary to say that the doors were then thrown open.

**FATAL RESULT FROM THE APPLICATION OF SAYRE'S JACKET.**—The patient, a child, suffered from a considerable kyphosis at about the junction of the dorsal and cervical vertebrae. It was restless during the suspension ; suddenly the breathing stopped. Immediately tracheotomy showed the trachea free down to its bifurcation, but consciousness could not be restored. The breathing was stertorous, and the child died one and a half hours after the suspension. The autopsy revealed a very marked angular curvature of the spine, and a very large abscess reaching to the mediastinum.—*Proceedings of German Surg. Society ; Deutsche Med. Wochenschrift ; Maryland Med. Journal*.

**EXTREME ANTISEPTIC PRECAUTIONS.**—Extract from *Lyon Medicale* : In a duel lately, just after the principals had crossed swords, a voice was heard, "Stop a moment, gentlemen." They lowered their weapons, rather hoping that the seconds had agreed upon some plan of healing their wounded honor without the necessity of fighting. But alas ! it was only the surgeon, who, being one of the advanced school, carefully took from his pocket a bottle containing a solution of carbolic acid and wet the points of the swords with it. Then, with the air of a man who had done his whole duty he said, "Now, gentlemen, proceed ; you may kill each other, but you run no risk of blood-poisoning."

# THE CANADA LANCET.

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TORONTO, AUGUST 1, 1881.

## ONTARIO MEDICAL COUNCIL VS. MEDICAL STUDENTS.

The controversy between the Ontario Medical Council and the rejected medical students at the late examination still continues to attract some degree of attention. In our last issue we stated that the students having withdrawn the charges against the examiner, with the understanding that some measure of relief would be accorded them, should have been treated more generously. In reply to this statement Dr. McDonald of Hamilton sends the following letter:

SIR,—In your editorial notice of the proceedings of the Ontario Medical Council, in last month's issue of the LANCET, you say that the unsuccessful students who petitioned the Council withdrew their petition "with the understanding that some measure of relief would be accorded them," and that "they should in all fairness have been treated more generously." This looks like saying that those students were trapped into consenting to abandon the ground which they had taken up, and which, I know, they thought was a position which afforded them a great advantage.

The recommendation to the students to withdraw their petition originated with myself alone; it was made openly on the floor of the Council, where the reason for it was plainly given, namely, my conviction that the allegations which the petition contained, and on which it was based, were incapable of being substantiated, and that if they were insisted on the only result would be that "the petitioners would be put to confusion." Neither by myself, nor by any other member of the council to my knowledge, was such an understanding as you suppose attempted. The petitioning students expressed to myself several times, and to others in my hearing, their desire to obtain

a guarantee of the favourable consideration of their petition by the Council, and they were informed, with perfect distinctness, that no assurance such as they required could be given. I was surprised to see, in the *Globe* newspaper, a letter, to which the names of those gentlemen were appended, in which it was asserted that they were misled into the belief that, on their withdrawing their petition, the Council would, in consideration of this act on their part, grant them the license of the College. This is a bargain which, I am happy to say, I heard nothing of during my attendance at the Medical Council. Such a bargain I should have regarded as most improper, and one never to be helped on by a motion on my part. It seems to me to be one thing to openly propose to grant the license of the College for reasons assigned, but quite another thing to make it contingent upon a covert agreement. Farther, the proposed special examination appeared to me to be a most unsatisfactory procedure. If the resolution with regard to it had carried in the Council, it would have been well understood on all hands that the result was to have been a foregone conclusion. I would not like to have been a party to what I regarded as a deception. On this principle I voted against holding a special examination; and besides, the signers of the petition had informed me, of their own free will, that they did not wish an examination.

In conclusion, may I venture to express the opinion that it would have been better for the signers of the petition if their document had run somewhat in the line of my motion. They might easily have asked for all they desired without making attacks on any one. Unfortunately, they tried to blacken grievously the character of a man who is held in high esteem where he is best known, being uniformly respected by his professional brethren, and acknowledged by them to possess a high degree of professional spirit. It was a bad attempt to be made by those who were themselves asking consideration, and it was not the less offensive in that it was gratuitous. What seems to be deemed by the unsuccessful students, and by their friends, as the strong point in their contention, has more relation to the acts of the Medical Council than to those of Dr. Sullivan.

Yours, etc.,

J. D. MACDONALD.

Hamilton, July 13, 1881.

With reference to the above, we would say that while we fully believe that no definite statement was made by Dr. McDonald—either in open council or in private, to the effect that relief was contingent upon the students' withdrawal of the petition, yet the understanding was general enough that a motion would be proposed to the Council, which



if carried would afford the desired relief. This was understood not only by the students, but by outsiders who were watching the proceedings carefully. The students themselves who signed the letter of withdrawal, when asked if they had withdrawn the petition, and why, said "we have withdrawn to win." How they arrived at this conclusion we do not know, and should be very sorry to say that they were entrapped by the Council, or by any individual member of that body. A motion for the purpose of affording relief was proposed, and for reasons expressed in our last issue, we regret very much that it did not carry, as was confidently expected. With regard to legal procedure which was contemplated by the students, we are informed that the counsel consulted in the matter does not hold out sufficient encouragement to warrant them in proceeding.

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#### COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

The semi-annual meeting of the Governors of this College was held in Montreal on the 11th of May, 1881—the President Dr. R. P. Howard in the chair. The resignation of Dr. David on account of ill-health, referred to in our last issue, was accepted, and Dr. Kennedy of Bishop's College his successor, was introduced and took his seat.

The following gentlemen were reported as having successfully passed the preliminary examination in medicine:—W. G. Johnston, M. Brophy, E. Labonte, H. T. Hardman, H. Gaudreau, D. B. Darby, H. H. Smith, C. Bussiere, B. Smith, W. H. Leonard, F. Simard, P. Morin, J. C. Blanchet, F. Jeannotte, J. O. Lambert, A. Lamothe, C. Prevost, N. Tessier and A. Gaboury. Twelve of the candidates were remanded for a supplementary examination, twenty-four failed to obtain the requisite number of marks, and three were rejected for copying. The by-laws were amended by providing that the assessors shall attend during the entire medical examination, instead of three days only as heretofore, and report within eight days to the secretary of the college, the remuneration to be, in addition to travelling expenses, ten dollars per day for the first three days and five dollars each additional day, the whole not to exceed fifty dollars. Arrangements were made to continue the services of M.

Lamirande the prosecuting officer of the College, and the Board engaged to pay him a bonus of \$20 for each conviction against an unlicensed practitioner, or \$25 when the individual is too poor to pay the fine and goes to prison.

When the list of candidates for license was read, a discussion took place in reference to a protest against granting licenses to graduates of Laval University in Montreal, but it was decided that pending adverse decision in the courts, the college should continue to grant the license to all such holders of Diplomas.

The following gentlemen received Licenses:—Drs. J. Pelletier, A. F. Poulin, J. W. H. Blagdon, A. Gaboury, J. A. Cardinal, A. Savard, J. H. B. Jeannotte, R. Tranchemontagne, E. Poirier, W. C. McGillis, E. Quinones, G. W. Gernon, J. C. Shanks, W. A. Shufelt, J. W. Ross, H. Lunam, F. Mewburn, R. T. McDonald, T. L. Brown, H. E. Poole, F. Church, H. Legault, A. J. Prieur, J. Asselin, E. Fournier, A. Martin, P. E. Marier, E. Lalonde, G. L. Laforest, J. O. Soulard, N. Beaudet, J. G. Leduc, J. L. Carignan, E. Voisart, T. Hamelin, C. Fauteaux, S. E. Bergeron, C. S. Fenwick and E. Tremblay. The license was also granted to Dr. J. Irwin of Pembroke on his English diploma, (M.R.C.S., Eng.,) and Dr. A. M. Gibson, of Massawippi, Que., on his Scotch qualifications (L.R.C.P. & S., Edin.) It was unanimously resolved that in regard to private Bills introduced into the Legislature, authorizing the board to admit certain persons to practice, they should first be submitted and recommended by the Board of Governors of this college. A college announcement containing list of text-books, regulations as to curriculum, fees, time and place of holding examinations, etc., was ordered to be prepared for the guidance of medical students and others. The salary of the Registrar was fixed at \$300 a year.

Dr. Rodger brought under the notice of the college the fact that large quantities of obscene medical literature were being circulated through the Province of Quebec by Dr. A. M. Ross, a licentiate of the college, and a committee was appointed to enquire into the facts, and also to report whether the college has power to remedy such misconduct, and if not, whether the criminal law affords any punishment for such offence.

Dr. F. W. Campbell moved for a committee, which was carried, to report with regard to the legality of the fourth year of medical study being passed with a medical practitioner after the student has passed all the examinations for his degree.

## A PLAN FOR ORGANIZING MEDICAL SOCIETIES.

In the number of the *Medical and Surgical Recorder*, Phila., for July 2nd, 1881, will be found an article on the above subject, which in our opinion is worthy of careful consideration. We give below the gist of the article, which we hope the profession in Canada will ponder over, and give us the benefit of their opinion. At first blush it strikes us not only as a most feasible plan, but also one well calculated to advance the best interests of the profession at large, and promote a greater interest in medical associations generally. The prevailing idea in the proposed plan is centralization, which is in itself the watchword of the present day in all phases of society, ecclesiastical and secular. The object of the plan is to concentrate the power and influence of the medical profession, so that it may be able to exercise the most potent influence in moulding and crystallizing public opinion in regard to sanitary and other necessary legislation. The plan suggested is as follows:

"Let the State Medical Society of every State be no longer merely a State society, but avowedly and distinctly the State branch of the American Medical Association, and be so called, as 'the Georgia Branch' or 'the Illinois Branch of the American Medical Association.' Further, still, let every county society be recognized as 'the ——— county chapter of the State branch of the American Medical Association,' or by some shorter title of equal purport. Let it be understood that every member of a county medical society or chapter is, *ipso facto*, a member of his State Society and also of the American Medical Association; and as it is well known that honours and privileges which cost nothing are counted as nothing, let a uniform fee be established for every county society throughout the United States, say of three dollars, one dollar to be retained by the treasurer of the county society, one to be forwarded to the treasurer of the State society, and one to the treasurer of the American Medical Association, to be expended for the objects of the Association."

By such an organization as this, an *esprit de corps* will be fostered, a living interest in organization be created, and a centralized power be established which can be wielded effectually for the good of the profession and the public. The de-

tails of the plan could easily be carried out, and a unity of action would be gained which would be respected by legislators, because it could make itself felt. More ample funds would be placed in the hands of the Provincial and Dominion Societies for carrying out their purposes; and a regular and fixed income, increasing year by year, would guarantee them prosperity and influence. Without pursuing the subject further at this time, we would urge our readers in all parts of the country to take the matter under thoughtful consideration, and we will open our columns to a full discussion of the subject.

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## SCIENTIFIC MEDICINE.

We are glad to notice the constant progress which is being made in the scientific branches of medicine, and to see that liberal provision is being made in the leading medical schools of Canada for special courses and complete instruction in some scientific departments which have hitherto been neglected in consequence of the immense cost necessary to furnish appliances for a practical course in these subjects. We refer more especially to the subject of physiology, and to the institutions which have lately been making provision for its practical study, notably Trinity Medical School. The corporation of this institution is not only to be congratulated upon the choice of the professor of physiology, but also upon the determination to so equip the physiological laboratory that students may know that physiological deductions are based upon physiological facts. We are also pleased to learn that the authorities of this school have been enabled to associate themselves with the "Scientific Instrument Co." of the University of Cambridge—the first in Canada to do so,—so that the newest apparatus and instruments of interest to scientific medicine will be forwarded directly to Canada, and be in the hands of teachers of medicine here, as soon as manufactured in Cambridge.

Prof. Sheard has brought with him copies of the plans of arrangement of the laboratories of Ludwig, Reindfleisch, and Foster; and the corporation of Trinity Medical School purpose making arrangements at an early date, for another new building, for the special working of physiology and pathology, to be constructed on these plans, where students will be provided each with a separate cloister and



laboratory, arranged so as to open directly into a large amphitheatre, where the lectures on physiology and pathology are to be given. We wish Dr. Sheard every success in his undertakings, and trust that he may be enabled to do as much for scientific medicine in Trinity Medical College, Toronto, as has been done in Europe by his illustrious preceptor, Prof. Foster, of Trinity College, Cambridge.

VIN-SANTÉ.—For physicians to be enabled intelligently to treat their patients, they should be thoroughly informed not only of the therapeutic and physiological action of the drugs, in their judgment best suited for the particular case they have to deal with, but also with the method of preparation. The profession is under deep obligation to pharmacutists for many modern elegant and attractive preparations, and not infrequently have conferred on their patients great advantages by prescribing for them many of these improved forms of medicine; but, as has been recently pointed out in a paper by Dr. Stewart, of New York, trade has so affected pharmacy by patent rights, trade marks, and secret formulæ, that without some knowledge of the exact working formulæ, physicians are restrained by the ethics of the profession from recommending any that do not emanate from firms of the highest character. Messrs. H. Sugden Evans & Co., Liverpool, London and Montreal, have recently favoured us with a couple of bottles of their Vin Santé, certainly the most elegant preparation of the Hypophosphites of Iron, Lime, Soda and Potash ever offered to fastidious invalids suffering from pure exhaustion, and equally to be recommended as a sparkling exhilarating pure non-alcoholic summer drink, possessing the creaminess and colour of champagne. The very excellent preparation of the Hypophosphites by Fellows in the estimation of capricious invalids would come under the category of physic, and as such after a time be repellant to their palled palates; but this preparation of Evans' coming under the guise of an effervescent French wine, minus even the small percentage of alcohol in the vintage of the South, is likely long to come into favour with chronic invalids, and also with the growing number of total abstainers.

ANOTHER MEDICAL SCHOOL IN ONTARIO.—A

new Medical School has been recently organized in London, Ont., under the auspices of the Western University. The following are the names of the members of the Faculty:—Dr. Moore, sr., Dean and Prof. of Surgery; Dr. Frazer, Medicine; Dr. Moore, jr., Midwifery; Dr. Eccles, Physiology; Dr. Jones, Jurisprudence; Dr. Stevenson, Diagnosis and Therapeutics; Dr. Waugh, Anatomy; Dr. Bucke, Nervous Diseases and Diseases of the Mind; Dr. Burgess, Botany; Dr. Moorhouse, Histology and Etiology; Dr. Fenwick, Sanitary Science; Dr. Niven, Clinical Surgery; Dr. Arnott, Clinical Medicine; Wm. Saunders, Materia Medica; Jno. Bowman, Prof. in the Arts Course, Chemistry. Although the multiplication of small medical schools, like the multiplication of medical journals, does not meet with our unqualified approbation, yet we cannot but congratulate our friends upon the success which has attended their organization thus far. The most serious drawback, we apprehend, likely to beset the new school will be the dearth of clinical material in the city of London. In regard to its financial success, much will depend upon the support it will receive from the University with which it is connected. If this be liberal, the faculty will indeed be fortunate; if the reverse, we pity their lot. They will find in it, however, no bed of roses (even under the most favorable circumstances), no sinecure, no crown of glory; but plenty of drudgery, and very little for it. We speak from nearly twenty years' experience in connection with a comparatively successful medical school. It will be uphill work for many years to come, but will no doubt eventually be worth all the labor bestowed upon it, to those who may come after.

HOSPITAL CLINICS.—We are pleased to announce that arrangements have been recently made for the delivery of daily clinics in the forenoon at the Toronto General Hospital by the respective professors of medicine and surgery of both schools, in addition to the usual clinics from 1 to 3 p.m. See announcement of Trinity Medical School, in our advertising pages.

CAUSES OF CONSUMPTION.—In reference to the questions touching the causes of tubercular consumption, which Dr. Playter is sending on for replies to those who have well marked cases on hand, the Doctor says he is getting returns from

a much larger number of medical men in the United States than from Canada. Most practitioners in Canada, doubtless, have cases of this disease almost constantly under treatment, and they would do well to respond. Too much cannot be learned in relation to the causes of this most common and fatal disease.

**BRITISH MEDICAL ASSOCIATION.**—The forty-ninth annual meeting of the British Medical Association will be held at Ryde, Isle of Wight, August 9th to 12th, under the presidency of Dr. Barrow, of that place. The address in medicine will be delivered by Dr. Bristowe, and that in surgery by Mr. Jonathan Hutchinson.

**APPOINTMENTS.**—Dr. Jas. Kerr, has been appointed a member of the Hospital Board, Winnipeg, Man. Dr. Carbert, of Orangeville, has been appointed Jail Surgeon, County of Dufferin, Ont. Dr. W. Dougan, of St. Catharines, has been appointed Surgeon to the Lincoln Battalion of Infantry, *vice* Dr. Jukes, retired, and Dr. F. S. Greenwood, assistant surgeon. Dr. R. A. Kennedy, of Montreal, has been appointed one of the governors of the College of Physicians and Surgeons, Que., in the room of Dr. David, who has been compelled to resign through ill-health.

**CARD OF THANKS.**—The latest advertising dodge is "the card of thanks." An eminent surgeon in Western Ontario, recently performed a successful operation for the removal of stone in the bladder, and his grateful patient rewards his skill and kindness by handicapping him with a vulgar "card of thanks," in the advertising columns of a local newspaper, cheek by jowl with the "celebrated" Dr. M. H. Williams, of the "Throat and Lung Institute" notoriety.

**L. R. C. P. & S., EDIN.**—Dr. James A. Hunter, of Newcastle, Ont., received the double qualification of the Royal College of Physicians and Surgeons of Edinburgh, in April last.

**REMOVALS.**—Dr. Going, of London, Ont., is about to settle in Toronto, to pursue the practice of his profession.

Dr. Martin, of Oshawa, has also determined to cast in his lot with the profession in this city.

The death of Prof. Skoda, of Vienna, is announced in our exchanges.

## Books and Pamphlets.

**SUPPLEMENT TO ZIEMMSEN'S CYCLOPEDIA OF THE PRACTICE OF MEDICINE.** New York: Wm. Wood & Co. Toronto: Willing & Williamson.

We feel great pleasure in bringing before the notice of our readers the supplement to this great work, commenced some six years ago. The contributors to this supplement include many of the best authorities in New York, Boston, Philadelphia, Cincinnati and Chicago. The object of the book is to give a concise account of the progress made in the various departments of medicine during the time that has elapsed since the several volumes of the Cyclopædia were published, each of the subjects treated being brought up to the date of the present volume. The nature and multifarious contents of this Cyclopædia have been reviewed in this journal since the first volume was issued in 1875; it is only necessary to say that the supplement like the work itself embraces too many subjects to permit of an analytical review; there is no doubt that it will be, from its succinctness one of the most popular of the series, and not less popular than useful. In dismissing this work of Ziemmsen, we are taking leave of one, the perusal of which has afforded us during the last six years, great pleasure. Unqualified praise or censure belongs to comparatively few books. The only objection that can possibly be urged is its vastness, cost, and occasional prolixity. We have little doubt, however, that it will obtain a very wide circulation, and attentive perusal, as a work of reference.

**BENEDIKT ON BRAINS OF CRIMINALS,** Translated and edited by E. P. Fowler, M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This book has been born a century or two before its term of natural gestation. Its industrious author may have conceived that he had realized in the brains examined by him, of some two and twenty noted criminals, numerous important structural deviations, which have appeared to him adequately explanatory of the abnormal morality of their owners. We are, however, inclined to doubt whether a goodly portion of these deviations might not be discovered in the brains of men of a very different order of moral attributes. If we are to



accept as canonical anatomical fact, the theory of Benedikt, that the brains of great criminals stand in close structural affinity, as regards the arrangement and number of their convolutions, fissures, etc., etc., with those of some lower animals, as the bear, the fox, the horse, etc., we can hardly refuse to concur in the author's dictum, that "*criminals are to be viewed as an anthropological variety of their species, at least amongst the cultured races.*"

But if such unfortunate brain owners be verily "an anthropological variety of their species," and if, in evolutionary progression, varieties tend, not merely to perpetuation as such, but in time to pass over into new species, we fail to understand how, adopting the words of the translator in his preface: "This little work may help towards bringing the more lowly organized mass (*sic*) of the human race up to the higher estate of noble manhood." If a man becomes a criminal because he has in his frontal brain lobe four convolutions instead of three, the fissure of Rolando too far forward, or backward, that of Sylvius with too few, or too many, branchings, will his nature and his moral qualities be changed by reading, (supposing such men would read) Dr. Benedikt's book, or any number of other books, even the best that may be put in his hands? The truth is, if Dr. B's theory be a matter of fact, great criminals are criminal,—or rather they are not criminal at all,—because their acts are the natural outcome of their organization. We do not call a cat criminal, because she kills mice and birds, a fox criminal, because he steals hens and ducks; or a swallow criminal because it destroys myriads of insects. These animals obey the laws of their being, and these laws are the dicta of their respective organizations. If we would save the lives of mice and birds, we must exterminate or banish cats; if we would protect poultry, we must banish foxes; if we prefer insects to swallows, we must put a shot gun into every boy's hands; and exactly so must it be done towards Dr. Benedikt's "*anthropological variety*," in the event of his theory becoming a verified anatomical reality. The variety must be prevented from perpetuation and multiplication. If "by taking thought," we "cannot make one hair black or white," nor "add one cubit to our stature," how are men so to think as to reduce four frontal brain convolutions down to three,—nay, how are organized criminal men to begin at all to think of the work?

To all those who are curious in studies of the sort, Dr. B's book may afford some measure of gratification. We wish we could award to the plates of brains presented, the same commendations as the translator has vouchsafed to them. He says they are "nearly, if not quite, as perfect as the original photographs, and *much more plainly lettered.*" If this commendation be well founded, we have merely to say, we have no desire to view the photographs. Had the translator said his plates were very richly *lettered*, he would not have strayed far from the truth. We would trust, however, that the copy which has fallen into our hands is an exceptionally blurred one.

PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS. By Geo. Henry Fox, A.M., M.D., clinical lecturer on Diseases of the Skin, Coll. Phys. and Surgs., New York. New York: E. B. Treat & Co. Toronto: Willing & Williamson.

We have received parts VII., VIII. and IX. of this excellent work on syphilitic skin diseases. The author's former work on non-syphilitic affections has been most favorably received by the profession at home and abroad, and the one now passing through the press is of fully equal merit. The work is well gotten up, and the illustrations exceedingly well executed.

ACUTE TONSILLITIS.—We extract from article in Western *Lancet* the following: "I cannot too earnestly impress upon you the value of free scarification in cases of this kind. It is a simple procedure which at once relieves the dangerous congestion and inflammation, and affords the patient decided comfort. All that is necessary to be done is to take a sharp-pointed instrument, like a tenotome or bistoury, and puncture the parts or make a few superficial incisions. Having depleted the parts thoroughly, we then make free use of ice, both internally and externally."

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### Births, Marriages and Deaths.

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On the 26th of June, Dr. A. W. Herrington, of Carman City, Man., formerly of Anieliasburgh, Ont.

In Amherstburg, on the 27th of June, Dr. Walter Lambert, in the 49th year of his age.

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*\* \* The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.*













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